

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001123

Entity Name: PAWS 4 LIBERTY, INC.

FILED  
Feb 03, 2008  
Secretary of State

**Current Principal Place of Business:**

8939 PALOMINO DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

8939 PALOMINO DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 41-2171368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIRAZZA, HEIDI E.  
8939 PALOMINO DRIVE  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SPIRAZZA, HEIDI E.  
Address: 8939 PALOMINO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Delete  
Name: ARNOLD, CHARLOTTE S.  
Address: 3701 NORTHWIND COURT  
City-St-Zip: JUPITER, FL 33477

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SPIRAZZA, HEIDI E.  
Address: 8939 PALOMINO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Change (X) Addition  
Name: LAWRENCE, DEITLER  
Address: 2724 IRMA LAKE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI SPIRAZZA

P

02/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date