

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008916

FILED
Feb 25, 2006
Secretary of State

Entity Name: BIG BEND DISASTER ANIMAL RESPONSE TEAM, INC.

Current Principal Place of Business:

310 N DELLVIEW DR
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

310 N DELLVIEW DR
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, HAVEN
310 N DELLVIEW DR
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

COOK, HAVEN B
310 N DELLVIEW DR
TALLAHASSEE, FL 32303 US

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: HAVEN B. COOK

02/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COOK, HAVEN
Address: 310 N DELLVIEW DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BEVAN, LAURA
Address: 1624 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST () Delete
Name: BATTEN, JOAN
Address: 1200 COOPER CREEK DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: STEIER, VICKY
Address: 1125 EASTWOOD DR
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HAVEN B. COOK

DP

02/25/2006

Electronic Signature of Signing Officer or Director

Date