

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008916

FILED  
Mar 26, 2009  
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:**

P.O. BOX 20426  
TALLAHASSEE, FL 32316

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

Title: DV ( ) Delete  
Name: BATTON, JOANIE  
Address: 1200 COPPER CREEK DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: TR ( ) Delete  
Name: LILLY, NICOLE  
Address: 9528 LISKA DR  
City-St-Zip: TALLAHASSEE, FL 32305

Title: BM ( ) Delete  
Name: KYSER, CAVELL  
Address: 10286 THOUSAND OAKS CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: BM ( ) Delete  
Name: ZIEGLER, RICHARD  
Address: 3256 HESTER DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: BM ( ) Delete  
Name: ZYDELL, MARYELLEN  
Address: 411 LESLIE LEWIS DR  
City-St-Zip: HAVANA, FL 32333

**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:

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 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: NICOLE LILLY

TR

03/26/2009

Electronic Signature of Signing Officer or Director

Date