2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2010
Secretary of State

DOCUMENT# N05000008916

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:

P.O. BOX 20426
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 03-0568170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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
Name: COOK, HAVEN
Address: 310 N DELLVIEW DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: DV
Name: KYSER, CAVELL
Address: 10286 THOSAND OAKS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: BM
Name: WOLAK, DARLA
Address: 3255 CAPITAL CIRCLE NE #8H
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: BM
Name: GABRIELSON, NANCY
Address: 102 W. F. MAGERS RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: NICOLE LILLY TR 03/18/2010

Electronic Signature of Signing Officer or Director — Date