

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 13, 2008
Secretary of State

DOCUMENT# N06000001411

Entity Name: ANOTHER CHANCE ANIMAL RESCUE, INC.**Current Principal Place of Business:**4757 S PENINSULA DR.
PONCE INLET, FL 32127 US**New Principal Place of Business:**110 BIMINI LANE
BUNNELL, FL 32110 US**Current Mailing Address:**4757 S PENINSULA DR.
PONCE INLET, FL 32127 US**New Mailing Address:**110 BIMINI LANE
BUNNELL, FL 32110 US**FEI Number:** 20-4578117**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**F & L CORP.
ONE INDEPENDENT DR.
SUITE 1300
JACKSONVILLE, FL 32202 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: ROOT, DEBRA L
Address: 4757 S PENINSULA DR.
City-St-Zip: PONCE INLET, FL 32127 US

Title: D () Delete
Name: ROOT, DAVID D
Address: 4757 S PENINSULA DR.
City-St-Zip: PONCE INLET, FL 32127 US

Title: D () Delete
Name: DIAZ, EMILY F
Address: ONE INDEPENDENT DR., SUITE 1300
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROOT, DEBRA L
Address: 110 BIMINI LANE
City-St-Zip: BUNNELL, FL 32110 US

Title: D (X) Change () Addition
Name: ROOT, DAVID D
Address: 110 BIMINI LANE
City-St-Zip: BUNNELL, FL 32110 US

Title: D (X) Change () Addition
Name: HARPER, SARA
Address: 3770 LETTUCE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: DEBRA L. ROOT

D

02/13/2008

Electronic Signature of Signing Officer or Director

Date