

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001579

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** SUMTER DISASTER ANIMAL RESPONSE TEAM, INC.

**Current Principal Place of Business:**

720 E SOUTHLAND AVE  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

720 E SOUTHLAND AVE  
BUSHNELL, FL 33513

**New Mailing Address:**

**FEI Number:** 20-4474480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIERRA, MICHAEL ESQ  
703 W SWANN AVE  
TAMPA, FL 33606 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: DP ( ) Delete  
Name: GRAVES, RONNIE N  
Address: 720 E SOUTHLAND AVE  
City-St-Zip: BUSHNELL, FL 33513

Title: DST ( ) Delete  
Name: GRAVES, LINDA R  
Address: 720 E SOUTHLAND AVE  
City-St-Zip: BUSHNELL, FL 33513

Title: DV ( ) Delete  
Name: HICKEY, DANIEL J  
Address: 720 E SOUTHLAND AVE  
City-St-Zip: BUSHNELL, FL 33513

**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:

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: RONNIE N. GRAVES

DP

04/14/2009

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

\_\_\_\_\_  
Date