

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002030

FILED
Apr 29, 2009
Secretary of State

Entity Name: BRADFORD COUNTY PAWS, INC.

Current Principal Place of Business:

1030 SOUTH WATER STREET
STARKE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1030 SOUTH WATER STREET
STARKE, FL 32901 US

New Mailing Address:

FEI Number: 57-1227978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, JAMES J JR
420 SOUTH LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656 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: WARD, ROBERTA
Address: 1030 SOUTH WATER STREET
City-St-Zip: STARKE, FL 32091 US

Title: D () Delete
Name: GUNNER, ELAINE
Address: 1030 SOUTH WATER STREET
City-St-Zip: STARKE, FL 32091 US

Title: D () Delete
Name: DOUGLAS, C E
Address: 1030 SOUTH WATER STREET
City-St-Zip: STARKE, FL 32091 US

Title: D () Delete
Name: CHASTAIN, THOMAS
Address: 1030 SOUTH WATER STREET
City-St-Zip: STARKE, FL 32091 US

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 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: KRISTIE DICKENS

MS.

04/29/2009

Electronic Signature of Signing Officer or Director

Date