

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003033

FILED
Jan 30, 2009
Secretary of State

Entity Name: UNITED WAY FOR ANIMALS, INC.

Current Principal Place of Business:

223 ORANGE AVENUE
FT PIERCE, FL 34950

New Principal Place of Business:

223 ORANGE AVENUE (REAR)
FT PIERCE, FL 34950

Current Mailing Address:

PO BOX 3307
FT PIERCE, FL 349483307

New Mailing Address:

FEI Number: 20-5103783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRY, SUSAN M
2203 SOUTH INDIAN RIVER DRIVE
FT PIERCE, FL 34950 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: PRES () Delete
Name: PALUMBO, TERRI A PRESIDE
Address: 204 N. SECOND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: VPRE () Delete
Name: STEPHENSON, PAM VPRES
Address: 10600 ORANGE AV ENUE
City-St-Zip: FORT PIERCE, FL 34945

Title: S/TR () Delete
Name: PARRY, SUSAN M SEC/TRE
Address: 2203 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

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: SUSAN M PARRY

S/TR

01/30/2009

Electronic Signature of Signing Officer or Director

Date