

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006966

FILED
Aug 27, 2007
Secretary of State

Entity Name: ANIMAL EMERGENCY RESPONSE ORGANIZATION, INC.

Current Principal Place of Business:

8240 NW 21 STREET
SUNRISE, FL 33322

New Principal Place of Business:

5595 CAMPO DRIVE
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

8240 NW 21 STREET
SUNRISE, FL 33322

New Mailing Address:

5595 CAMPO DRIVE
KEYSTONE HEIGHTS, FL 32656

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DE LARM, BILL
8240 NW 21 STREET
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

DE LARM, WILLIAM F
5595 CAMPO DRIVE
KEYSTONE HEIGHTS, FL 32656 US

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: WILLIAM F. DE LARM

08/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: DE LARM, BILL
Address: 8240 NW 21 STREET
City-St-Zip: SUNRISE, FL 33322

Title: DTS () Delete
Name: KNOLL, SANDRA
Address: 8240 NW 21 STREET
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: DUPONT, CAROLINE
Address: 3500 BARK WAY
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: DE LARM, WILLIAM F
Address: 5595 CAMPO DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: DTS (X) Change () Addition
Name: KNOLL, SANDRA J
Address: 5595 CAMPO DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: WILLIAM F. DE LARM

D,P

08/27/2007

Electronic Signature of Signing Officer or Director

Date