

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009453

FILED
Mar 31, 2009
Secretary of State

Entity Name: BREVARD AID TO ANIMALS SPAY/NEUTER MEDICAL FACILITY, INC.

Current Principal Place of Business:

250 PAINT STREET
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

2161 AURORA ROAD
MELBOURNE, FL 32935 US

Current Mailing Address:

250 PAINT STREET
ROCKLEDGE, FL 32955 US

New Mailing Address:

2161 AURORA ROAD
MELBOURNE, FL 32935 US

FEI Number: 20-5501132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORSEY, ALFRED H
250 PAINT STREET
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

DORSEY, ALFRED H
2161 AURORA ROAD
MELBOURNE, FL 32935 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:

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIETZ, BOB
Address: 1091 PEACOCK AVE, NE
City-St-Zip: PALM BAY, FL 32907 US

Title: D () Delete
Name: WILBOURNE, JEFF
Address: 2557 LEEWOOD BLVD
City-St-Zip: MELBOURNE, FL 32935 US

Title: D () Delete
Name: DORSEY, AL
Address: 250 PAINT STREET
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D () Delete
Name: WILLIAMS, AL
Address: 741 CREEL STREET
City-St-Zip: MELBOURNE, FL 32935 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: JAMIE CASANOVA

MGR

03/31/2009

Electronic Signature of Signing Officer or Director

Date