

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# N07000001716

Entity Name: ANIMAL SHELTER FOUNDATION, INC.

**Current Principal Place of Business:**

2144 DELTA WAY  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

626 CHANCEY LANE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

P.O. BOX 13858  
TALLAHASSEE, FL 32317

FEI Number: 56-2643835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACFALL, KATE  
2144 DELTA WAY  
TALLAHASSEE, FL 32303 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: PD ( ) Delete  
Name: CALHOUN, JOHN  
Address: 1506 PROCTOR ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete  
Name: PATTERSON, DIANA  
Address: 626 CHANCEY LANE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD ( ) Delete  
Name: MACFALL, KATE  
Address: 2144 DELTA WAY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MACFALL, KATE  
Address: 2144 DELTA WAY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPD (X) Change ( ) Addition  
Name: SCHAEFFER, MICHAEL  
Address: P.O. BOX 13858  
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD (X) Change ( ) Addition  
Name: SMITH, HEATHER  
Address: 3510 BANKHEAD RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Change (X) Addition  
Name: PATTERSON, DIANA  
Address: 626 CHANCEY LANE  
City-St-Zip: TALLAHASSEE, FL 32308

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: KATE MACFALL

PD

04/30/2008

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

\_\_\_\_\_  
Date