2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001716

FILED Feb 08, 2009 Secretary of State

Entity Name: ANIMAL SHELTER FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of B	New Principal Place of Business:	
2144 DEL [*] TALLAHA	TA WAY SSEE, FL 32303			
Current Mailing Address:		New Mailing Address:		
P.O. BOX TALLAHA:	13858 SSEE, FL 32317			
FEI Number	: 56-2643835 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent	: Name and Address of Ne	w Registered Agent:	
MACFALL 2144 DEL TALLAHA	., KATE TA WAY SSEE, FL 32303 US			
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered offi	ce or registered agent, or both,	
in the State	e of Florida.	the purpose of changing its registered offi	ce or registered agent, or both,	
n the State	e of Florida.		ce or registered agent, or both, Date	
in the State	e of Florida. ´ RE:	Agent	Date	
in the State SIGNATUI OFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered	Agent ADDITIONS/CHANGES TO	Date	
in the State	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete MACFALL, KATE 2144 DELTA WAY	Agent ADDITIONS/CHANGES TO Title: () C Name: Address: City-St-Zip:	Date O OFFICERS AND DIRECTORS	
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete MACFALL, KATE 2144 DELTA WAY TALLAHASSEE, FL 32303 VPD () Delete SCHAEFFER, MICHAEL P.O. BOX 13858	Agent ADDITIONS/CHANGES TO Title: () CON Name: Address: City-St-Zip: Title: () CON Name: Address: City-St-Zip: () CON Name: (Date O OFFICERS AND DIRECTORS hange () Addition	

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: DIANA PATTERSON TD 02/08/2009