

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007224

FILED
May 06, 2011
Secretary of State

Entity Name: STEARNS ZOOLOGICAL RESCUE & REHAB CENTER INC

Current Principal Place of Business:

36909 BLANTON RD
DADE CITY, FL 33523

New Principal Place of Business:

37245 MERIDIAN AVE
DADE CITY, FL 33525

Current Mailing Address:

37245 MERIDIAN AVE
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 05-0535204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS, KATHRYN P
36909 BLANTON RD
DADE CITY, FL 33523 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: D, S
Name: STEARNS, KATHRYN P
Address: 36909 BLANTON RD
City-St-Zip: DADE CITY, FL 33523

Title: D
Name: TRUAX, KRISTY D
Address: 36909 BLANTON RD
City-St-Zip: DADE CITY, FL 33523

Title: D,P
Name: STEARNS, RANDALL E
Address: 37245 MERIDIAN AVE
City-St-Zip: DADE CITY, FL 33525

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN P STEARNS

DIR

05/06/2011

Electronic Signature of Signing Officer or Director

Date