

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008915

FILED
Apr 12, 2008
Secretary of State

Entity Name: ZAHRA AFRICAN SHELTERS, INC.

Current Principal Place of Business:

680 LALIQUE CIRCLE
1208
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

680 LALIQUE CIRCLE
1208
NAPLES, FL 34119

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAHRA, BARBARA L
680 LALIQUE CIRCLE
1208
NAPLES, FL 34119 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: P () Delete
Name: ZAHRA, BARBARA L
Address: 680 LALIQUE CIRCLE #1208
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: MAZEAU, SUZANNE
Address: 770 SHADOW BAY WAY
City-St-Zip: OSPREY, FL 34229

Title: VP () Delete
Name: TOLEDO, MARTA
Address: 4610 CHANTELE DRIVE #203
City-St-Zip: NAPLES, FL 34112

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:

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: BARBARA ZAHRA

DIR

04/12/2008

Electronic Signature of Signing Officer or Director

_____ Date