2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N07000010229

Entity Name: COMMUNITY ANIMAL RESCUE & EDUCATIONAL SHELTER INC

Current Principal Place of Business:

1644 ALTAMONT
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

5232 DISTANT BREEZE RD
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 30-0445279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, LISA M
5232 DISTANT BREEZE RD
BROOKSVILLE, FL 34604 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: DIR ( ) Delete
Name: LEWIS, LISA M
Address: 5232 DISTANT BREEZE RD
City-St-Zip: BROOKSVILLE, FL 34604

Title: DIR ( ) Delete
Name: LAMBERT, SUSAN
Address: 1644 ALTAMONT LN
City-St-Zip: ODESSA, FL 33556

Title: DIR ( ) Delete
Name: NADEAU, PAUL
Address: 1571 WINDING CREEK RD
City-St-Zip: DUNEDIN, FL 34698

Title: DIR (X) Delete
Name: DANALS, BARBARA
Address: 2910 165TH AVE NORTH
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: OFF (X) Change ( ) Addition
Name: KONITZ, DIANE
Address: 10898 88TH AVE
City-St-Zip: SEMINOLE, FL 33772

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: LISA LEWIS DIR 01/30/2009

Electronic Signature of Signing Officer or Director — Date