2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# N07248

Entity Name: ANIMAL STERILIZATION AND RABIES ASSISTANCE LEAGUE, INC.

Current Principal Place of Business:

HOLIDAY LODGE
6518 W HWY 98
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

PO BOX 7082
PANAMA CITY BEACH, FL 324130082

New Mailing Address:

FEI Number: 59-2487314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTTON, JOHN
319 MOONLIGHT BAY DR
PANAMA CITY BCH, FL 32407 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:	DTR	( ) Delete
Name:	BROWN, HAL H	
Address:	101 VILLA CT	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:	D	( ) Delete
Name:	TRENT, ANN	
Address:	2422 MAGNOLIA DR	
City-St-Zip:	PANAMA CITY, FL 32408	
Title:	DP	( ) Delete
Name:	HUTTON, JOHN	
Address:	319 MOONLIGHT BAY DR	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	DS	( ) Delete
Name:	HUTTON, KANDY	
Address:	319 MOONLIGHT BAY DR	
City-St-Zip:	PANAMA CITY BCH, FL 32408	
Title:	DVP	( ) Delete
Name:	BURDESHAW, DEBI	
Address:	2804 LAGOON KNOOL AVE	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	

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:	
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 for the exemption stated in Section 119.07(3)(i), 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: HAL H. BROWN DTR 01/07/2005
Electronic Signature of Signing Officer or Director — Date