

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 07, 2006
Secretary of State

DOCUMENT# N07248

Entity Name: ANIMAL STERILIZATION AND RABIES ASSISTANCE LEAGUE, INC.**Current Principal Place of Business:**101 VILLA COURT
PANAMA CITY BEACH, FL 32413 US**New Principal Place of Business:**2601 ANNE AVE
PANAMA CITY BEACH, FL 32413 US**Current Mailing Address:**PO BOX 7082
PANAMA CITY BEACH, FL 32413 US**New Mailing Address:**PO BOX 7082
PANAMA CITY BEACH, FL 32408 US**FEI Number:** 59-2487314**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROWN, SHIRLEY J
101 VILLA COURT
PANAMA CITY BCH, FL 32413 US**Name and Address of New Registered Agent:**BOONE, JOYCE G
2601 ANNE
PANAMA CITY BCH, FL 32408 US

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: JOYCEBOONE

05/07/2006

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: DS () Delete
Name: GOLDEN, KIM
Address: 4007 LUFF ST
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DP () Delete
Name: BROWN, SHIRLEY J
Address: 101 VILLA COURT
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D (X) Delete
Name: KELLY, KAREN
Address: 4909 SPYGLASS DR
City-St-Zip: PANAMA CITY BCH, FL 32408

Title: DVO (X) Delete
Name: WILES, MARCIA
Address: 137 PORTER DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTR (X) Change () Addition
Name: TETRAULT, JANET
Address: 700 TRANSMITTER RD.
City-St-Zip: PANAMA CITY BEACH, FL 32401

Title: DS (X) Change () Addition
Name: TRENT, ANN A
Address: 6518 HW98
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: DP (X) Change () Addition
Name: BOONE, JOYCE G
Address: 2601 ANNE AVE
City-St-Zip: PANAMA CITY BEACH, FL 32807

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 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: BOONE JOYCE

P

05/07/2006

Electronic Signature of Signing Officer or Director

Date