

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009677

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** FRIENDS OF ST. JOHNS COUNTY PET CENTER, INC.

**Current Principal Place of Business:**

130 N. STRATTON ROAD  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

130 N. STRATTON ROAD  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number:** 80-0269591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FURNARI, ANNE M  
130 N. STRATTON ROAD  
ST. AUGUSTINE, FL 32095 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:** PD  
**Name:** MITCHELL, AMY  
**Address:** 1404 BLUE SPRINGS CT.  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** TD  
**Name:** SLIGHT, JUDITH A  
**Address:** 470 WOODDED CROSSING CIRCLE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** SD  
**Name:** NAVARRO, CAROL  
**Address:** 475 WOODDED CROSSING CIRCLE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

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:** JUDITH A. SLIGHT

TRES

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date