

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011090

FILED
Apr 21, 2009
Secretary of State

Entity Name: ANIMAL RESCUE FOUNDATION OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

1807 OKEECHOBEE RD.
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1807 OKEECHOBEE RD.
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 26-3734545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUILLERAT, DANA K
1807 OKEECHOBEE RD.
FT. PIERCE, FL 34950 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 () Delete
Name: JUILLERAT, DANA K
Address: 9528 SHADOW LANE
City-St-Zip: FT. PIERCE, FL 34951

Title: D () Delete
Name: UBILLA, JOSE
Address: 427 SOUTH MARKET AVE.
City-St-Zip: FT. PIERCE, FL 34982

Title: D () Delete
Name: FRISCHKORN, CARROL
Address: 1651 BENNY DR.
City-St-Zip: FT. PIERCE, FL 34949

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: DANA KALE JUILLERAT

Electronic Signature of Signing Officer or Director

OWNE

04/21/2009

_____ Date