

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003321

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** KINGDOM NEW DESTINY ANIMAL SANCTUARY INC.

**Current Principal Place of Business:**

39 SOUTHERN DR  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

39 SOUTHERN DR  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 30-0546081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DEWARE, KARLENE B  
39 SOUTHERN DR  
CRAWFORDVILLE, FL 32327 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: P  
Name: DEWARE, KARLENE B  
Address: 39 SOUTHERN DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP  
Name: DEWARE, DAVID P  
Address: 39 SOUTHERN DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SEC  
Name: BONIN, JOY M  
Address: 115 BECCA LANE  
City-St-Zip: DELAND, FL 32720

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: KARLENE DEWARE

PRES

04/30/2012

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

\_\_\_\_\_  
Date