

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006276

FILED
Apr 28, 2010
Secretary of State

Entity Name: PONCE ANIMAL WELFARE INC.

Current Principal Place of Business:

4740 S. ATLANTIC AVE.
3
PONCE INLET, FL 32127 US

New Principal Place of Business:

4740 S ATLANTIC AVE #3
PONCE INLET, FL 32127 US

Current Mailing Address:

4740 S. ATLANTIC AVE.
3
PONCE INLET, FL 32127 US

New Mailing Address:

4740 S ATLANTIC AVE #3
PONCE INLET, FL 32127 US

FEI Number: 01-0961921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, BARBARA
4871 SAILFISH DR.
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

DAVIS, BARBARA
4871 SAILFISH DR
PONCE INLET, FL 32127 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:

04/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BASILE, JO E
Address: 4740 S ATLANTIC AVE #3
City-St-Zip: PONCE INLET, FL 32127

Title: ST
Name: MEARNS, BOB
Address: 4650 LINKS VILLAGE DR #C107
City-St-Zip: PONCE INLET, FL 32127

Title: VP
Name: REDINGER, ALAN
Address: 139 ANCHOR DR
City-St-Zip: PONCE INLET, FL 32127

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: JO E BASILE

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date