

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006605

FILED
Feb 01, 2011
Secretary of State

Entity Name: SYCAMORE CAT AND DOG RETIREMENT HOME, INC.

Current Principal Place of Business:

2494 3RD AVENUE
ALFORD, FL 32420

New Principal Place of Business:

Current Mailing Address:

2494 3RD AVENUE
ALFORD, FL 32420

New Mailing Address:

FEI Number: 27-0522396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURBEAU, ADRIENNE E
2494 3RD AVENUE
ALFORD, FL 32420 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: PSTD
Name: BOURBEAU, ADRIENNE E
Address: 2494 3RD AVENUE
City-St-Zip: ALFORD, FL 32420

Title: DT
Name: ANDERSON, TODD
Address: 900 FALLING WATERS ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: DT
Name: ENGLAND, CHRISTINE
Address: 9149 COUNTY ROAD 9640
City-St-Zip: KOSHKONONG, MO 65672

Title: DT
Name: MERCER, DOUGLAS W ESQ.
Address: 4431 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446

Title: DVT
Name: REINKER, SHARON H
Address: 4894 NW 110 PLACE
City-St-Zip: PORAL, FL 33178

Title: DT
Name: ULMANIS, EUGENE G
Address: 1101 STATE ROUTE 17
City-St-Zip: WEST PLAINS, MO 657755700

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: ADRIENNE E BOURBEU

PSTD

02/01/2011

Electronic Signature of Signing Officer or Director

Date