

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2011  
Secretary of State**

DOCUMENT# N10000002311

**Entity Name:** ELIZABETH'S ANIMAL RESCUE & SANCTUARY, INC.

**Current Principal Place of Business:**

1644 ALTAMONT LN.  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

1644 ALTAMONT LN.  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 27-1899905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMBERT, SUSAN D  
1630 ALTAMONT LN  
ODESSA, FL 33556 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: LAMBERT, SUSAN D  
Address: 1630 ALTAMONT LN.  
City-St-Zip: ODESSA, FL 33556

Title: V  
Name: LAMBERT, BUEL  
Address: 1630 ALTAMONT LN.  
City-St-Zip: ODESSA, FL 33556

Title: T  
Name: DAVIES, HAZEL  
Address: 1644 ALTAMONT LN.  
City-St-Zip: ODESSA, FL 33556

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: SUSAN LAMBERT

PRES

04/18/2011

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

\_\_\_\_\_  
Date