

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004493

FILED
Apr 16, 2012
Secretary of State

Entity Name: PAWS 4 HUMANITY, INC.

Current Principal Place of Business:

3607 DOUBLE BRANCH
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

3607 DOUBLE BRANCH
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 27-2354378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, BRYAN E
1921 DEWEY PLACE
JACKSONVILLE, FL 32207 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: DPTS
Name: MALLOW, KATHRYN L
Address: 3607 DOUBLE BRANCH
City-St-Zip: ORANGE PARK, FL 32073

Title: D
Name: PIERCE, BONNIE J
Address: 3531 BARREL SPRINGS DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D
Name: HESKE, STEFANIE
Address: 11404 MARTIN LAKES DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32220

Title: D
Name: FLURRY, LYNN
Address: 7319 SHINDLER DRIVE #4
City-St-Zip: JACKSONVILLE, FL 32222

Title: D
Name: PAIR, JUDY
Address: 537 LAKE CENTER PKWY
City-St-Zip: CUMMING, GA 30040

Title: D
Name: GLASS, BOBBIE
Address: 3725 WOODBRIAR DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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: KATHRYN L MALLOW

CEO

04/16/2012

Electronic Signature of Signing Officer or Director

Date