2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: DISASTER RELIEF FOR ANIMALS CORP.

Current Principal Place of Business:

508 NW 26 STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

508 NW 26 STREET
OCALA, FL 34475

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRIVER, ASA L
508 NW 26 STREET
OCALA, FL 34475 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: PD
Name: DRIVER, ASA
Address: 508 NW 26 STREET
City-St-Zip: OCALA, FL 34475

Title: VD
Name: SCOTT, DAVID
Address: 508 NW 26 STREET
City-St-Zip: OCALA, FL 34475

Title: DCEO
Name: THOMPSON, BRENDA J
Address: 508 NW 26 STREET
City-St-Zip: OCALA, FL 34475

Title: DCEO
Name: QUINN, WILLIAM
Address: 2612 NW 5 AVENUE
City-St-Zip: OCALA, FL 34475

Title: DCEO
Name: GUTEKUNST, JAMES
Address: 2416 NE 32 STREET
City-St-Zip: OCALA, FL 34479

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: ASA L DRIVER PD 04/29/2011
Electronic Signature of Signing Officer or Director Date