## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11000000490

FILED Apr 03, 2012 Secretary of State

Entity Name: HUMANE ANIMAL TREATMENT CHARITY, INC.

Current Principal Place of Business: New Principal Place of Business:

26562 NW 166TH AVE 20604 NW 250TH ST.

HIGH SPRINGS, FL 326431652 HIGH SPRINGS, FL 326432351

Current Mailing Address: New Mailing Address:

26562 NW 166TH AVE 20604 NW 250TH ST.

HIGH SPRINGS, FL 326431652 HIGH SPRINGS, FL 326432351

FEI Number: 27-4371975 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LEVINE, EUGENE

26562 NW 166TH AVE

20604 NW 250TH ST.

HIGH SPRINGS, FL 326431652 US HIGH SPRINGS, FL 326432351 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: 04/03/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PD

Name: LEVINE, EUGENE Address: 20604 NW 250TH ST.

City-St-Zip: HIGH SPRINGS, FL 326432351

Title: D

Name: CARRASCO, LEDA Address: 435 SE 6TH LANE

City-St-Zip: HIGH SPRINGS, FL 32643

Title: SD

Name: LEVINE, ARLENE DORIN Address: 20604 NW 250TH ST.

City-St-Zip: HIGH SPRINGS, FL 326432351

Title:

Name: WELLER, THOMAS R

Address: 23327 NW COUNTY ROAD 236, STE 50,

City-St-Zip: HIGH SPRINGS, FL 326432351

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: EUGENE LEVINE PD 04/03/2012