

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005057

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Entity Name:** AYLAS ACRES NO KILL ANIMAL RESCUE, INC.

**Current Principal Place of Business:**

71 MARINE ST  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

71 MARINE ST  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

PO BOX 1634  
ST. AUGUSTINE, FL 32085 US

**FEI Number:** 45-2425586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, ATTER & WOLF, P.A.  
814 A1A NORTH  
SUITE 202  
PONTE VEDRA BEACH, FL 32082 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:** D  
**Name:** CHARLSON, FRAN  
**Address:** 71 MARINE ST.  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** D  
**Name:** MACSWAIN, ROBERT  
**Address:** 76 MARINE ST.  
**City-St-Zip:** ST AUGUSTINE, FL 32084

**Title:** D  
**Name:** THOMPSON, PAUL  
**Address:** P. O. DRAWER 70  
**City-St-Zip:** ST. AUGUSTINE, FL 32085

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:** FRAN CHARLSON

D

04/07/2012

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

\_\_\_\_\_  
Date