

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007160

FILED
Feb 29, 2012
Secretary of State

Entity Name: PONCE INLET ANIMAL WELFARE, INC.

Current Principal Place of Business:

139 ANCHOR DR.
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

139 ANCHOR DR.
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 45-2957562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, BARBARA C
4871 SAILFISH DRIVE
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

EICHER, MARY ANN
139 ANCHOR DRIVE
PONCE INLET, FL 32127 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: MARY ANN EICHER

02/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: EPPS, NANCY
Address: 127 OLD CARRIAGE ROAD
City-St-Zip: PONCE INLET, FL 32127

Title: VP
Name: DRUMHELLER, KRISTI
Address: 124 PONCE DE LEON CIRCLE
City-St-Zip: PONCE INLET, FL 32127

Title: S
Name: EICHER, MARY ANN
Address: 139 ANCHOR DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: T
Name: REDINGER, ALAN
Address: 139 ANCHOR DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: VP
Name: FILLINGAME, MARY LOU
Address: 33 OCEAN WAY
City-St-Zip: PONCE INLET, FL 32127

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: MARY ANN EICHER

S

02/29/2012

Electronic Signature of Signing Officer or Director

Date