

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N19574

FILED
Sep 22, 2005
Secretary of State

Entity Name: PROTECTION OF ANIMAL WELFARE SOCIETY, INC.

Current Principal Place of Business:

922 MAIN STREET
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

922 MAIN STREET
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0037174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, KATHRYN
922 MAIN STREET
SANIBEL, FL 33957 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: KATHRYN BOONE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOONE, KATHRYN
Address: 922 MAIN STREET
City-St-Zip: SANIBEL, FL 33957

Title: V () Delete
Name: GREENSTEIN, AMANDA
Address: 290 SOUTHWINDS DR
City-St-Zip: SANIBEL, FL 33957

Title: ST () Delete
Name: EGELAND, JANET
Address: 1222 FERRY ROAD
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHRYN BOONE

PRES

09/22/2005

Electronic Signature of Signing Officer or Director

Date