

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25459

FILED
Jan 09, 2009
Secretary of State

Entity Name: ANIMAL REFUGE CENTER, INC.

Current Principal Place of Business:

18011 OLD BAYSHORE RD
NORTH FT. MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6642
FT. MYERS, FL 33911 US

New Mailing Address:

FEI Number: 65-0057419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: P () Delete
Name: ALLOR, LEE
Address: 10035 COLONIAL COUNTRYCLUB BLVD
City-St-Zip: FORT MYERS, FL 33913

Title: T () Delete
Name: HUGHES, ELIZABETH
Address: 7320 TWIN EAGLE LN
City-St-Zip: FORT MYERS, FL 33912

Title: S () Delete
Name: ALLEN, DENISE
Address: 17171 LAURELIN CT
City-St-Zip: N FT MYERS, FL 33917

Title: V () Delete
Name: PETRUSKA, LISA
Address: 2234 SW 51ST ST
City-St-Zip: CAPE CORAL, FL 33914

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:

Title: V (X) Change () Addition
Name: HENDERSON, SUSAN
Address: 1338 ALCAZAR AVE
City-St-Zip: FT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELIZABETH HUGHES

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01/09/2009

Electronic Signature of Signing Officer or Director

Date