

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26085

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA AID TO ANIMALS SPAY/NEUTER MEDICAL FACILITY INC.

Current Principal Place of Business:

741 CREEL ST
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

146 PALM TREE CT
C/O ISABELLE DORSEY
PALM SHORES, FL 32940

New Mailing Address:

741 CREEL ST
MELBOURNE, FL 32935 US

FEI Number: 59-2880920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DORSEY, ISABELLE
146 PALM TREE CT
PALM SHORES, FL 32940 US

Name and Address of New Registered Agent:

LISA ALFORD
146 PALM TREE COURT
PALM SHORES, FL 32940 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: LISA ALFORD

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DORSEY, ISABELLE
Address: 146 PALM TREE CT
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: DORSEY, AL
Address: 250 PAINT STREET
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: RICHARDS, RICKI
Address: 2208 CANTERBURY LANE
City-St-Zip: MELBOURNE, FL 32935

Title: P () Delete
Name: WILLIAMS, AL
Address: 741 CREEL ST
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: DIETZ, BOB
Address: 1091 PEACOCK AVE N.E.
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: WILBOURNE, JEFF
Address: 2557 LEEWOOD BLVD
City-St-Zip: MELBOURNE, FL 32935

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: P (X) Change () Addition
Name: WILLIAMS, AL
Address: 217 BRISTOL LANE
City-St-Zip: MELBOURNE, FL 32935

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 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: ISABELLE DORSEY

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date