

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30635

FILED
Apr 19, 2007
Secretary of State

Entity Name: FLORIDA ANIMAL CONTROL ASSOCIATION INC.

Current Principal Place of Business:

13153 N. DALE MABRY HWY
SUITE 105
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13153 N. DALE MABRY HWY
SUITE 105
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2929688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSTROSKI, LOIS
13153 N. DALE MABRY HWY
SUITE 105
TAMPA, FL 33618 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 () Delete
Name: ENGELSON, CRAIG
Address: 1515 SARNO RD.
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: WITTMER, MIKE
Address: 232 BUSH BLVD.
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: DAVIS, ALAN
Address: 1870 S. W. 39TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: P () Delete
Name: ARMSTRONG, BILL
Address: 440 FALKENBURG ROAD
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: KOSTROSKI, LOIS
Address: 13153 N. DALE MABRY HWY STE 105
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: AGNEW, WELCH
Address: 12450 ULMERTON ROAD
City-St-Zip: LARGO, FL 33774

Title: P (X) Change () Addition
Name: TREBATOSKI, SCOTT
Address: 5600 BANNER DRIVE
City-St-Zip: FT. MYERS, FL 33912

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 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: LOIS KOSTROSKI

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date