

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30635

FILED
Apr 01, 2009
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: VP () Delete
Name: ENGELSON, CRAIG
Address: 1515 SARNO RD.
City-St-Zip: MELBOURNE, FL 32935

Title: P () Delete
Name: AGNEW, WELCH
Address: 12450 ULMERTON ROAD
City-St-Zip: LARGO, FL 33774

Title: T () Delete
Name: LANCON, JILL
Address: 5701 SE 66TH ST
City-St-Zip: OCALA, FL 34480

Title: ED () 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: P (X) Change () Addition
Name: ZIEGLER, RICHARD
Address: 501-B APPELEYARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP (X) Change () Addition
Name: STUDIVANT, PAUL
Address: 130 N. STRATTON ROAD
City-St-Zip: ST. AUGUSTINE, FL 32095

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: LOIS M. KOSTROSKI

ED

04/01/2009

Electronic Signature of Signing Officer or Director

Date