

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31718

FILED
Mar 25, 2009
Secretary of State

Entity Name: SOUTH LAKE ANIMAL LEAGUE, INC.

Current Principal Place of Business:

C/O BETH A. MCCABE
P. O. BOX 121504
CLERMONT, FL 347128504

New Principal Place of Business:

P. O. BOX 121504
CLERMONT, FL 347128504 US

Current Mailing Address:

C/O BETH A. MCCABE
P. O. BOX 121504
CLERMONT, FL 347128504

New Mailing Address:

P. O. BOX 121504
CLERMONT, FL 347128504 US

FEI Number: 59-2949848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWYER, BONNY
264 MOHAWK RD.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

BOWYER, BONNY
240 MOHAWK RD.
CLERMONT, FL 34711 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:

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAYLE, CHERYL
Address: 8530 CR 474
City-St-Zip: CLERMONT, FL 34714

Title: D () Delete
Name: MULLINS, KEITH
Address: 640 DREW AVE
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: REAGAN, STANLEY
Address: 8110 LAKE NELLIE RD
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: BOWYER, BONNY
Address: 15705 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

Title: VD () Delete
Name: CLINE, RONDA
Address: 7417 T.L. CLINE RD.
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: GUGGINO, SALLY
Address: 11028 BRONSON RD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: MULLINS, KEITH
Address: 640 DREW AVE
City-St-Zip: CLERMONT, FL 34711

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

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

Title: D (X) Change () Addition
Name: CLINE, RONDA
Address: 7417 T.L. CLINE RD.
City-St-Zip: GROVELAND, FL 34736

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: BONNY BOWYER

TREA

03/25/2009

Electronic Signature of Signing Officer or Director

Date