

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33042

FILED
Jan 20, 2009
Secretary of State

Entity Name: SARASOTA IN DEFENSE OF ANIMALS, INC.

Current Principal Place of Business:

5649 OLD RANCH RD
SARASOTA, FL 34241 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15653
SARASOTA, FL 342771653 US

New Mailing Address:

FEI Number: 65-0124076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHES, ELISE M
5649 OLD RANCH ROAD
SARASOTA, FL 34241 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: MATTHES, ELISE M.
Address: 5649 OLD RANCH ROAD
City-St-Zip: SARASOTA, FL 34241 US

Title: VP () Delete
Name: CONLAN, MARYANNE
Address: 3712 KEY PLACE
City-St-Zip: SARASOTA, FL 34239 US

Title: D () Delete
Name: MATTHES, RUSSELL
Address: 1901 HILLSDALE PLACE
City-St-Zip: SARASOTA, FL 34231

Title: T () Delete
Name: MATTHES, SUMNER D
Address: 5649 OLD RANCH ROAD
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: REPETA, CAROLYN A
Address: 2858 WEST RAINBOW CIRCLE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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: SUMNER D. MATTHES

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date