

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42635

FILED
Jul 25, 2004
Secretary of State

Entity Name: SAFE ANIMAL SHELTER OF ORANGE PARK, INC.

Current Principal Place of Business:

1605 BARTLETT AVENUE
ORANGE PARK, FL 32073 US

New Principal Place of Business:

2913 COUNTRY ROAD 220
MIDDLEBURG, FL 32068 US

Current Mailing Address:

P. O. BOX 1386
ORANGE PARK, FL 32067 US

New Mailing Address:

FEI Number: 59-3054559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISNER, PAUL E. ESQ
1880 ARLINGTON ST SUITE 210
DOCTORS GARDENS
SARASOTA, FL 342393555 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: PD () Delete
Name: CUMMINS, REBECCA
Address: 400 HARVEST BEND DR
City-St-Zip: ORANGE PARK, FL 32003

Title: SD () Delete
Name: MILLER, MELISSA
Address: 9300 PLAZA GATE LANE #1602
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD () Delete
Name: HATLESTAD, JUNE
Address: 3626 SCIOTO COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD () Delete
Name: COOKE, ROBIN
Address: 2839 CEDAR CREST DRIVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HATLESTAD, JUNE
Address: 3626 SCIOTO CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD (X) Change () Addition
Name: RYAN, NANCY
Address: 2 FOREST ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD (X) Change () Addition
Name: CUMMINS, REBECCA A
Address: 7021 PINE BREEZE LN
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VD (X) Change () Addition
Name: DEMARINO, GEORGE
Address: 11885 TANYA TERRACE EAST
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REBECCA A CUMMINS

TREA

07/25/2004

Electronic Signature of Signing Officer or Director

Date