

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 29, 2009
Secretary of State

DOCUMENT# N42635

Entity Name: SAFE ANIMAL SHELTER OF ORANGE PARK, INC.**Current Principal Place of Business:**2913 COUNTRY ROAD 220
MIDDLEBURG, FL 32068 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 65597
ORANGE PARK, FL 32065 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:**RISNER, PAUL E. ESQ
400 N. LOMBARDY LOOP
ST. JOHNS, FL 32259 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: PAUL E. RISNER, ESQ.

07/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SECR () Delete
Name: GROSS, LORNA
Address: 592 CLERMONT AVE S
City-St-Zip: ORANGE PARK, FL 32073

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

Title: D () Delete
Name: CHEEK, MARTY
Address: 2256 HARBOR LAKE DR
City-St-Zip: ORANGE PARK, FL 32003

Title: PD () Delete
Name: WRIGHT, DON
Address: 3408 WILDERNESS CIR
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: TALTY, DEE
Address: 2211 THOMAS LYNCH COURT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
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: DON E. WRIGHT

PD

07/29/2009

Electronic Signature of Signing Officer or Director

Date