


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N44953 1. Entity Name ANIMAL AID FOUNDATION, INC.	
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Principal Place of Business 1410 WEKEWA NENE TALLAHASSEE, FL 32301	Mailing Address 1410 WEKEWA NENE TALLAHASSEE, FL 32301
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03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3085813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUGUSTINE, STEVE 1410 WEKEWA NENE TALLAHASSEE, FL 32301
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD0000272656 03/22/05-80012-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, KATE C. 1410 WEKEWA NENE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MARGO 6735 CHEVY WAY TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUSTINE, STEVE 1410 WEKEWA NENE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMP, ANN 2029 WAHALA NENE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  STEVEN G. AUGUSTINE	Date: 3-21-05	Daytime Phone #: 850-922-9581
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