2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N93000000933

Entity Name: WORLD ANIMAL CARE FOUNDATION, INC.

Current Principal Place of Business:

4201 SE HWY 42
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

4201 SE HWY 42
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 59-3173464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, ROBERTA W
4201 SE HWY 42
SUMMERFIELD, FL 34491 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: SD ( ) Delete
Name: LANE, PATRICIA
Address: 4201 SE HWY 42
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete
Name: LANE, ROBERTA W
Address: 4201 SE HWY # 2
City-St-Zip: SUMMERFIELD, FL 34491

Title: VOD ( ) Delete
Name: SCHMALTZ, LARRY
Address: 4201 SE HWY 42
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PD ( ) Delete
Name: LANE, THOMAS J
Address: 4201 SE HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: SCHMALTZ, PATRICIA
Address: 4201 SE HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

Title: TD (X) Change ( ) Addition
Name: LANE, ROBERTA W
Address: 4201 SE HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

Title: VOD (X) Change ( ) Addition
Name: SCHMALTZ, LARRY
Address: 4201 SE HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

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: ROBERTA W LANE SD 01/07/2009
Electronic Signature of Signing Officer or Director — Date