2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N93000003058

Entity Name: NORTH AMERICAN PET OWNERS ALLIANCE, INC.

Current Principal Place of Business:

3395 NW 37TH AVE
LAUDERDALE LAKES, FL 33309

New Principal Place of Business:

Current Mailing Address:

3395 NW 37TH AVE
LAUDERDALE LAKES, FL 33309

New Mailing Address:

FEI Number: 65-0423352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FACH, RON F CAPT.
3395 NW 37 AVE.
LAUDERDALE LAKES, FL 33309 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:	PTD	( ) Delete
Name:	FACH, RON F CAPT	
Address:	3395 NW 37TH AVE	
City-St-Zip:	LAUDERDALE LAKES, FL 33309	
Title:	VD	( ) Delete
Name:	LEONARD, WILLIAM R	
Address:	633 S ANDREWS AVE #402	
City-St-Zip:	FT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	BROWNE, MAXINE	
Address:	12730 COTTAGE AVE	
City-St-Zip:	CHARLEVOIX, MI 48720	
Title:	D	( ) Delete
Name:	BOUVIER, JOHN A III	
Address:	3460 JOE ASHTON RD.	
City-St-Zip:	ST. AUGUSTINE, FL 32092	
Title:	D	( ) Delete
Name:	VAN DEN BOSCH, DICK	
Address:	17118 NW 138 AVE	
City-St-Zip:	ALACHUA, FL 32615	
Title:	D	(X) Delete
Name:	BRAUN, MICHAEL DR.	
Address:	3395 NW 37 AVE.	
City-St-Zip:	LAUDERDALE LAKES, FL 33309	

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:	
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: CAPT. RON F. FACH PRES 05/02/2009

Electronic Signature of Signing Officer or Director — Date