



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N94000005254 1. Entity Name SAVE OUR STRAYS, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 JUN 11 PM 12:34 <div style="font-size: 2em; font-family: cursive;">B 6/11/18</div> 	
Principal Place of Business 14530 OLIVER ST LARGO, FL 33774				Mailing Address PO BOX 373 INDIAN ROCKS BEACH, FL 33785			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3274561				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 KIEFNER, JOHN R. 146 SECOND STREET NORTH STE 300 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State				DATE _____			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DORTON, SANDRA L PO BOX 373 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Potly, Eric PO Box 373 Indian Rocks Beach FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, ROBIN A PO BOX 373 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D Bass, Robin A PO Box 373 Indian Rocks Bch, FL 33785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SKONEY, NANCY PO BOX 373 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 300131282583 06/13/08--01025--013 ***61.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANSEN, JULI PO BOX 373 INDIAN ROCKS BEACH, FL 33785 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D Bailey, Nancy PO Box 373 Indian Rocks Beach FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAKING, VAL PO BOX 373 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hartnett, John PO Box 373 Indian Rocks Bch, FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARTNETT, LINDA PO BOX 373 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D Hartnett, Linda PO Box 373 Indian Rocks Bch FL 33785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Robin Bass</i> Robin Bass				6/7/08 727-423-6984			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			