2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N95000005442

Entity Name: ASSOCIATION FOR ABUSED WOMEN & CHILDREN & CATS FIXED, INC.

Current Principal Place of Business:

7110 S DIXIE HWY
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

7110 S DIXIE HWY
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 65-0625725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIMMERMAN, HARRIETTE
1760 CARAMBOLA ROAD
WEST PALM BEACH, FL 33406 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: TD ( ) Delete
Name: ASHLEY, NORMA
Address: 908 S LAKE DRIVE
City-St-Zip: LANTANA, FL

Title: VP ( ) Delete
Name: HARDAGE, DR NELL
Address: 138 JFK DRIVE
City-St-Zip: ATLANTIS, FL

Title: VP ( ) Delete
Name: HIGBEE, REGINA
Address: 915 NO DIXIE
City-St-Zip: LAKE WORTH, FL

Title: EXD ( ) Delete
Name: FENDER, M. TIMA
Address: 1760 CARAMBOLA RD.
City-St-Zip: LAKE CLARK SHORES, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change ( ) Addition
Name: HARDAGE, DR NELL
Address: 138 JFK DRIVE
City-St-Zip: ATLANTIS, FL

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: NORMA ASHLEY TREA 04/14/2009

Electronic Signature of Signing Officer or Director — Date