


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000004670 1. Entity Name HUSTON ANIMAL SHELTER, INC.	
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Principal Place of Business 910 N.W. HWY. 41 JASPER, FL 32052	Mailing Address POST OFFICE BOX 525 WHITE SPRINGS, FL 32096
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3400445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAVRONSKY, KERRY 15117 SE 100TH WAY WHITE SPRINGS, FL 32096
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.28 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000696917 04/18/07-80019-007 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSTON, MICHAEL D DVM 910 N.W. HWY. 41 JASPER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, KELLIE A 525 CARAWAY CT JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVRONSKY, KERRY 15117 SE 100TH WAY WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROKETT, RUSSELL A 1187 DUNBAR CT ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARVIS, MADELINE 4420 TIMBER HOLLOW WAY JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SANDRA 314 NW MAIN BLVD LAKE CITY, FL 32055

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IN THIS SPACE**

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: Kerry Gavronsky **4-5-07** **386-397-3165**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #