2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004670

Entity Name: HUSTON ANIMAL SHELTER, INC.

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:					
910 N.W. HWY. 41 JASPER, FL 32052									
Current Mailing Address:				New Mailing Address:					
5423 SANDERS RD JACKSONVILLE, FL 32277				P.O. BOX 1526 JASPER, FL 32052					
FEI Number:	59-3400445	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certific	cate of Status Des	ired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
GAVRONSKY, KERRY 15117 SE 100TH WAY WHITE SPRINGS, FL 32096 US				HUSTON, MICHAEL D.D.V.M. 910 NW HWY 41 JASPER, FL 32052 US					
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: MICHAEL D. HUSTON D.V.M.				03/03/2009					
Electronic Signature of Registered Agent							Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D ()[HUSTON, MICHA 910 N.W. HWY JASPER, FL			Title: Name: Address: City-St-Zip:		() Change	e () Addition		
Title: Name: Address: City-St-Zip:	D () [KNOX, KELLIE A 525 CARAWAY O JACKSONVILLE,	CT CT		Title: Name: Address: City-St-Zip:		() Change	e () Addition		
Title: Name: Address: City-St-Zip:	D () [GAVRONSKY, KI 15117 SE 100TH WHITE SPRINGS	WAY		Title: Name: Address: City-St-Zip:		() Change	e()Addition		
Title: Name: Address: City-St-Zip:	D () E GROKETT, RUSS 1187 DUNBAR C ORANGE PARK,	Т		Title: Name: Address: City-St-Zip:	D PEDICINI, C 2150 NW 30 JENNINGS,	INDY OTH PLACE	e () Addition		
Title: Name: Address: City-St-Zip:	D () I JARVIS, MADELI 4420 TIMBER HO JACKSONVILLE,	DLLOW WAY		Title: Name: Address: City-St-Zip:	D PALADINO, POBOX 279 JENNINGS,	NICHOLE	e () Addition		
Title: Name: Address: City-St-Zip:	D () I SMITH, SANDRA 314 NW MAIN BI LAKE CITY, FL	.VD		Title: Name: Address: City-St-Zip:	D COHEN, KAI 5750 SW 61 JASPER, FL	RI IST AVE.	e () Addition		

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: MICHAEL D. HUSTON D.V.M. D 03/03/2009