2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HUSTON ANIMAL SHELTER, INC.

Current Principal Place of Business:

910 N.W. HWY. 41
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1526
JASPER, FL 32052

New Mailing Address:

FEI Number: 59-3400445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSTON, MICHAEL D D.V.M.
910 NW HWY 41
JASPER, FL 32052 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: DR
Name: HUSTON, MICHAEL D DVM
Address: 910 N.W. HWY. 41
City-St-Zip: JASPER, FL

Title: D
Name: KNOX, KELLIE A
Address: 525 CARAWAY CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: GAVRONSKY, KERRY
Address: 15117 SE 100TH WAY
City-St-Zip: WHITE SPRINGS, FL 32096

Title: D
Name: PEDICINI, CINDY
Address: 2150 NW 30TH PLACE
City-St-Zip: JENNINGS, FL 32053

Title: D
Name: PALADINO, NICHOLE
Address: POBOX 279
City-St-Zip: JENNINGS, FL 32053

Title: D
Name: COHEN, KARI
Address: 5750 SW 61ST AVE.
City-St-Zip: JASPER, FL 32052

I hereby 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 all other like empowered.

SIGNATURE: M. HUSTON, DVM DR. 04/03/2012

Electronic Signature of Signing Officer or Director — Date