

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004906

FILED
May 23, 2007
Secretary of State

Entity Name: HELPING PAWS HUMANE SOCIETY, INC.

Current Principal Place of Business:

4407 TEKA LANE
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4407 TEKA LANE
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 59-3402985 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLAPP, DONNA S
4407 TEKA LANE
ST. CLOUD, FL 34772 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CLAPP, DONNA S
Address: 4407 TEKA LANE
City-St-Zip: ST. CLOUD, FL 34772

Title: DT () Delete
Name: STURZENEGGER, AL
Address: 4408 TEKA LANE
City-St-Zip: ST. CLOUD, FL 34772

Title: D (X) Delete
Name: JOHNSON, ANNETTE
Address: 2136 SPICE AVE
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Delete
Name: SANDERS, ANITA
Address: 1015 SHAWNDA LANE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DONNA S. CLAPP

DP

05/23/2007

Electronic Signature of Signing Officer or Director

Date