

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000534

FILED
Mar 18, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA ANIMAL RESERVE, INC.

Current Principal Place of Business:

5420 DATE PALM STREET
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 184
SHARPES, FL 32959

New Mailing Address:

FEI Number: 59-3418943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JULIA B. KUNIGAN
12970 LOWER RIVER BLVD
ORLANDO, FL 32828 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: DCTS () Delete
Name: KUNIGAN, JULIA
Address: 12970 LOWER RIVER BLVD
City-St-Zip: ORLANDO, FL 32828

Title: DP () Delete
Name: BLUE, THOMAS
Address: P.O. BOX 184
City-St-Zip: SHARPES, FL 32959

Title: DV () Delete
Name: FARRAR, SHARON
Address: 5420 DATE PALM STREET
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: BLUE, EFFIE
Address: P.O. BOX 184
City-St-Zip: SHARPES, FL 32959

Title: DSRV () Delete
Name: WILTZ, KEVIN SIMBA
Address: 2632 ROBERT TRENT JONES DR #110
City-St-Zip: ORLANDO, FL 32835

Title: DS (X) Delete
Name: FARRAR, SHARON
Address: 5420 DATE PALM ST.
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: BLUE, THOMAS
Address: 308 LANSING ISLAND DR.
City-St-Zip: SATELLITE BCH, FL 32937

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

Title: D (X) Change () Addition
Name: BLUE, EFFIE
Address: 308 LANSING ISLAND DR.
City-St-Zip: SATELLITE BCH, FL 32937

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: JULIA B. KUNIGAN

DCTS

03/18/2008

Electronic Signature of Signing Officer or Director

Date