2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001026

Apr 29, 2002 8:00 AM Secretary of State

Entity Name: ANIMALS FROM THE ARK, HUMANE SOCIETY INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1103 W. HIBISCUS., STE 305 MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** 1103 W. HIBISCUS., STE 305 MELBOURNE, FL 32901 US FEI Number: 59-3434820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, BONNIE J GIUSTINIANO, BETTY L 730 BONNIE CIRCLE 2207 GREENWAY DRIVE MELBOURNE, FL 32901 MELBOURNE, FL 32901 US 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: BETTY L. GIUSTINIANO 04/29/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COE. MICHAEL Name: Name: 3615 MISTY OAK DRIVE APT 405 Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition MILLER, BONNIE Name: GIUSTINIANO, BETTY Name: Address: 730 BONNIE CIR Address: 2207 GREENWAY DRIVE City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32901 Title: VPD () Delete Title: (X) Change () Addition DIEDRICHS, SHIRLEY DIEDRICHS, SHIRLEY Name: Name: 930 BACON CIR N.E. 930 BACON CIR N.E. Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905 Title: STD () Delete Title: (X) Change () Addition Name: SIEFERD, GINNY Name: SIEFERD, GINNY 5140 PALOMINO STREET 5140 PALOMINO STREET Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934 Title: () Delete Title: () Change (X) Addition CREAMER, NANCY Name: Name: 2138 TRILLO ROAD Address: Address: City-St-Zip: City-St-Zip: PALM BAY, FL 32909

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 COE D 04/29/2002