

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001369

FILED
Jul 08, 2005
Secretary of State

Entity Name: SAVE OUR STRAYS RESCUE, INC.

Current Principal Place of Business:

16059 WILTSHIRE DRIVE, EAST
LOXAHATCHEE, FL 33470

New Principal Place of Business:

16081 WILTSHIRE DRIVE, EAST
LOXAHATCHEE, FL 33470

Current Mailing Address:

POST OFFICE BOX 1284
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0735607 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:

THOMAS, JOHN O
16059 WILTSHIRE DR EAST
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

THOMAS, JOHN O
16081 WILTSHIRE DR EAST
LOXAHATCHEE, FL 33470 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: _____

07/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WAKERLEY, PETRA D
Address: 16059 WILTSHIRE DR EAST
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD () Delete
Name: THOMAS, JOHN O
Address: 16059 WILTSHIRE DRIVE, EAST
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD () Delete
Name: THOMAS, RENEE J
Address: 16059 WILTSHIRE DRIVE, EAST
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: WAKERLEY, PETRA D
Address: 16081 WILTSHIRE DR EAST
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD (X) Change () Addition
Name: THOMAS, JOHN O
Address: 16081 WILTSHIRE DRIVE, EAST
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD (X) Change () Addition
Name: THOMAS, RENEE J
Address: 16081 WILTSHIRE DRIVE, EAST
City-St-Zip: LOXAHATCHEE, FL 33470

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: JOHN O. THOMAS

SD

07/08/2005

Electronic Signature of Signing Officer or Director

Date