

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004470

FILED  
Jan 12, 2005  
Secretary of State

**Entity Name:** TREATMENT RESOURCES AND EDUCATION FOR ANIMALS IN TEMPORARY SHELTER, INC.

**Current Principal Place of Business:**

PO BOX 14806  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14806  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 59-3539317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAUGHN, TARA S  
6245 CRESTWOOD DR  
TALLAHASSEE, FL 32311 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: PD ( ) Delete  
Name: VAUGHN, TARA  
Address: 6245 CRESTWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD ( ) Delete  
Name: GROSZ, MILTON  
Address: 3135 CAMELIAWOOD CIRCLE W  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: DOWLING, DANA  
Address: 301 S MONROE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: COLLIER, JAN  
Address: 4198 KIMMER ROWE LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: PATTERSON, DIANA  
Address: 626 CHANCEY LANE  
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: D ( ) Change (X) Addition  
Name: MACFALL, KATE  
Address: 2144 DELTA WAY N  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Change (X) Addition  
Name: YAUN, MICHELLE  
Address: 480 DEER RUN  
City-St-Zip: MONTICELLO, FL 32344

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: TARA S VAUGHN

PD

01/12/2005

Electronic Signature of Signing Officer or Director

Date