
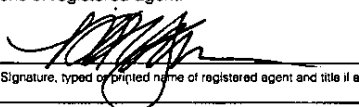
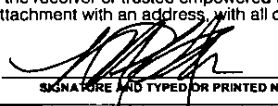


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90110 036 \*\*\*\*70.00

<b>DOCUMENT # N98000004470</b>					
<b>1. Entity Name</b> TREATMENT RESOURCES AND EDUCATION FOR ANIMALS IN TEMPORARY SHELTER, INC.					
<b>Principal Place of Business</b> PO BOX 14806 TALLAHASSEE, FL 32317			<b>Mailing Address</b> PO BOX 14806 TALLAHASSEE, FL 32317		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3539317	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
VAUGHN, TARA S 6245 CRESTWOOD DR TALLAHASSEE, FL 32311			Name <u>Michelle Yaun</u> Street Address (P.O. Box Number is Not Acceptable) <u>480 Deer Run</u> City <u>Monticello</u> FL <u>32344</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE 			DATE <u>2/28/06</u>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> VAUGHN, TARA <b>STREET ADDRESS</b> 6245 CRESTWOOD DR <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Yaun, Michelle <b>STREET ADDRESS</b> 480 Deer Run <b>CITY-ST-ZIP</b> Monticello, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> GROSZ, MILTON <b>STREET ADDRESS</b> 3135 CAMELIWOOD CIRCLE W <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Cyndi Futch <b>STREET ADDRESS</b> 3510 Bankhead Road <b>CITY-ST-ZIP</b> Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> PATTERSON, DIANA <b>STREET ADDRESS</b> 626 CHANCEY LANE <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Joanie Batten <b>STREET ADDRESS</b> 1200 Copper Creek Drive <b>CITY-ST-ZIP</b> Tallahassee, FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> COLLIER, JAN <b>STREET ADDRESS</b> 4198 KIMMER ROWE LANE <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Donna Joyner <b>STREET ADDRESS</b> 1108 Clark Ave. <b>CITY-ST-ZIP</b> Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MACFALL, KATE <b>STREET ADDRESS</b> 2144 DELTA WAY N <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Heather Smith <b>STREET ADDRESS</b> 3510 Bankhead Rd. <b>CITY-ST-ZIP</b> Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> YAUN, MICHELLE <b>STREET ADDRESS</b> 480 DEER RUN <b>CITY-ST-ZIP</b> MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> YAUN, MICHELLE <b>STREET ADDRESS</b> 480 DEER RUN <b>CITY-ST-ZIP</b> MONTICELLO, FL 32344	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			Date <u>2/28/06</u> Daytime Phone # <u>850-545-6011</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					