2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N98000004470

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

Current Principal Place of Business:

3135 CAMELLIAWOOD CIRCLE
TALLAHASSEE, FL 32301

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:

GROSZ, MILTON J III
3135 CAMELLIAWOOD CIRCLE W
TALLAHASSEE, FL 32301 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: COLLIER, JAN
Address: 4198 KIMMER ROWE LANE
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: SD ( ) Delete
Name: JOYNER, DONNA
Address: 1108 CLARK AVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: FUTCH, CYNDI
Address: 3510 BANKHEAD ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: BATTEN, JOANIE
Address: 1200 COPPER CREEK DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MILTON J. GROSZ III TD 04/23/2009

Electronic Signature of Signing Officer or Director — Date