

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004210

FILED
Jan 19, 2005
Secretary of State

Entity Name: TIGERS FOR TOMORROW EXOTIC ANIMAL PRESERVE, INC.

Current Principal Place of Business:

18095 ORANGE AVE
FT. PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

18905 ORANGE AVE
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 65-0934641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFFENS, SUSAN M
18905 ORANGE AVE
FT. PIERCE, FL 34945 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: STEFFENS, SUSAN M
Address: 18905 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: SD () Delete
Name: BROCKLEBANK, KAREN
Address: 4930-3 COLUMBIA RD
City-St-Zip: COLUMBIA, MD 21044

Title: TD () Delete
Name: SPARTA, SUZANNE
Address: 28 DONALDSON DR
City-St-Zip: GARNERVILLE, NY 10923

Title: D () Delete
Name: KUNBALA, CINDY
Address: 258 BUENA VISTA
City-St-Zip: NEW CITY, NY 10956

Title: D () Delete
Name: RENSHAW, SHAWN
Address: 627 A E CHURCH STREET
City-St-Zip: ORLANDO, FL 32801

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

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

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

Title: D () Change (X) Addition
Name: STEFFENS, MARY
Address: 11 RIVERSIDE DR.
City-St-Zip: SUFFERN, NY 10901

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: SUSAN STEFFENS

P

01/19/2005

Electronic Signature of Signing Officer or Director

Date