

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004210

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

710 CO. RD 345
ATTALLA, AL 35954

New Principal Place of Business:

Current Mailing Address:

708 COUNTY RD 345
ATTALLA, AL 35954

New Mailing Address:

FEI Number: 65-0934641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMYTH, HAROLD
658 N. 2ND STREET
FT. PIERCE, FL 34950 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: 253 CO. ROAD 345
City-St-Zip: ATTALLA, AL 35954

Title: D () Delete
Name: JAMES, ROXANNE
Address: 600 CO. ROAD 209
City-St-Zip: COLLINSVILLE, AL 35961

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

Title: D () Delete
Name: KUNBALA, CINDY
Address: 113 2ND LANE
City-St-Zip: S. SEASIDE PARK, NJ 08002

Title: D () Delete
Name: RENSHAW, SHAWN
Address: 117 NE 21ST COURT
City-St-Zip: WILSON MANORS, FL 33301

Title: D () Delete
Name: STEFFENS, MARY
Address: 253 CO. ROAD 345
City-St-Zip: ATTALLA, AL 35954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: JAMES, ROXANNE
Address: 600 CO. ROAD 209
City-St-Zip: COLLINSVILLE, AL 35961

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: SUSAN STEFFENS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date