

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005152

FILED
Feb 14, 2009
Secretary of State

Entity Name: SECOND CHANCE FOR STRAYS, INC.

Current Principal Place of Business:

1412 S HERCULES AVE
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

PO BOX 5032
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 59-3609184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRANE, BARBARA
2642 2ND COURT
PALM HARBOR, FL 34684 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: DRANE, BARBARA
Address: 2642 2ND COURT
City-St-Zip: PALM HARBOR, FL 34684

Title: DT () Delete
Name: CIHON, PATRICIA
Address: 1412 S HERCULES AVE
City-St-Zip: CLEARWATER, FL 33764

Title: DSRV () Delete
Name: TANSKE, SHARON
Address: 113 ISLAND WAY UNIT 224
City-St-Zip: CLEARWATER, FL 33767

Title: S () Delete
Name: DEGERONIMO, DEBORAH
Address: 2650 PEARCE DRIVE APT.308
City-St-Zip: CLEARWATER, FL 33764

Title: JV () Delete
Name: FITZGERALD, JOAN
Address: 1690 FOX ROAD
City-St-Zip: CLEARWATER, FL 33764

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: S (X) Change () Addition
Name: MOLLDENE, JANN
Address: 5046 16TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33710

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: BARBARA DRANE

PD

02/14/2009

Electronic Signature of Signing Officer or Director

Date