

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006265

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: ANIMAL RESCUE OF BREVARD, INC.

## Current Principal Place of Business:

P.O. BOX 33561  
INDIALANTIC, FL 329030561

## New Principal Place of Business:

9010 BRIGHTON CIRCLE  
W. MELBOURNE, FL 32904

## Current Mailing Address:

P.O. BOX 33561  
INDIALANTIC, FL 329030561

## New Mailing Address:

P.O. BOX 33862  
INDIALANTIC, FL 329033862

FEI Number: 59-3491175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAWSON, JAMES H  
9010 BRIGHTON CIRCLE  
W. MELBOURNE, FL 32904 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: T ( ) Delete  
Name: LAWSON, JAMES H  
Address: P.O. BOX 33561  
City-St-Zip: INDIALANTIC, FL 329030561

Title: T ( ) Delete  
Name: CHANDLER, LISA L  
Address: PO BOX 33561  
City-St-Zip: INDIALANTIC, FL 32903

Title: T ( ) Delete  
Name: OLIVER, JOHN P  
Address: PO BOX 33561  
City-St-Zip: INDIALANTIC, FL 32903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: LAWSON, JAMES H  
Address: P.O. BOX 33862  
City-St-Zip: INDIALANTIC, FL 329033862

Title: T (X) Change ( ) Addition  
Name: CHANDLER, LISA L  
Address: PO BOX 33862  
City-St-Zip: INDIALANTIC, FL 329033862

Title: T (X) Change ( ) Addition  
Name: OLIVER, JOHN P  
Address: PO BOX 33862  
City-St-Zip: INDIALANTIC, FL 329033862

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: JAMES H, LAWSON

T

02/26/2009

Electronic Signature of Signing Officer or Director

Date