

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008266

**Entity Name:** NO MORE HOMELESS PETS, INC.**Current Principal Place of Business:**4205 NW 6TH STREET  
SUITE A-2  
GAINESVILLE, FL 32609**Current Mailing Address:**4205 NW 6TH STREET  
SUITE A-2  
GAINESVILLE, FL 32609**FEI Number:** 02-0536968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, HEATHER  
4205 NW 6TH STREET  
SUITE A-2  
GAINESVILLE, FL 32609 US*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:** HEATHER THOMAS

02/03/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	COFRIN, GLADYS
Address	14720 NW 13TH PLACE
City-State-Zip:	NEWBERRY FL 32669

Title	TD
Name	HUTCHINSON, ROBERT K
Address	3218 SE 27TH STREET
City-State-Zip:	GAINESVILLE FL 32641

Title	PD
Name	KERN, MARTHA
Address	1502 NW 6TH STREET, SUITE B
City-State-Zip:	GAINESVILLE FL 32601

Title	SD
Name	MILLER, JESSICA
Address	4205 NW 6TH STREET, SUITE A-2
City-State-Zip:	GAINESVILLE FL 32609

Title	VPD
Name	FINE, CHERIE
Address	4205 NW 6TH STREET
City-State-Zip:	GAINESVILLE FL 32609

Title	DIRECTOR
Name	THOMAS, HEATHER
Address	4205 NW 6TH STREET SUITE A-2
City-State-Zip:	GAINESVILLE FL 32609

*I hereby 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 all other like empowered.*

**SIGNATURE:** HEATHER THOMAS**DIRECTOR**

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date