

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

PETERS, JEANNETTE
5424 NW 46TH TERRACE
GAINESVILLE, FL 32653 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:

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 DIRECTOR
Name REED, MANDY
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 BALTZLEY, LANCE DR.
Address 4205 NW 6TH ST.
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR
Name ROST, DEBORAH
Address 4205 NW 6TH ST.
City-State-Zip: GAINESVILLE FL 32609

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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: ROBERT HUTCHINSON

TREASURER

02/02/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WESTFALL, ROBIN
Address	4205 NW 6TH ST.
City-State-Zip:	GAINESVILLE FL 32609