

**2013 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# F01000001970

Entity Name: SAVE THE CHIMPS, INC.

Current Principal Place of Business:

16891 CAROLE NOON LN.
FT. PIERCE, FL 34945

Current Mailing Address:

PO BOX 12220
FT. PIERCE, FL 34979

FEI Number: 65-0789748

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMIS, ROBERT E
16891 CAROLE NOON LANE
FORT PIERCE, FL 34945 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: ROBERT E CAMIS

06/07/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name STRYKER, JON
Address 16891 CAROLE NOON LANE
City-State-Zip: FORT PIERCE FL 34945

Title S
Name LOVITZ, TRACEY
Address 16891 CAROLE NOON LANE
City-State-Zip: FORT PIERCE FL 34945

Title TR
Name ARNSTEIN, JEFF
Address 16891 CAROLE NOON LANE
City-State-Zip: FORT PIERCE FL 34945

Title P
Name NORTH, JASON
Address 16891 CAROLE NOON LANE
City-State-Zip: FORT PIERCE FL 34945

Title VP
Name OWEN, ARTIE
Address 16891 CAROLE NOON LANE
City-State-Zip: FORT PIERCE FL 34945

Title DIRECTOR
Name HANEY, SARAH
Address 16891 CAROLE NOON LN.
City-State-Zip: FT. PIERCE FL 34945

Title DIRECTOR
Name WEISS, RACHARL
Address 16891 CAROLE NOON LN.
City-State-Zip: FT. PIERCE FL 34945

Title DIRECTOR
Name BRENT, LINDA
Address 16891 CAROLE NOON LN.
City-State-Zip: FT. PIERCE FL 34945

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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 E CAMIS

CFO

06/07/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CFO
Name	CAMIS, ROBERT E
Address	PO BOX 12220
City-State-Zip:	FT. PIERCE FL 34979