

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212529425

1.) CORPORATION NAME:

Saint Seton's Orphaned Animals

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

JEANETTE ALLARD

1 SUMMEY ST

FREDERICKSBURG, VA 22406

SCC ID NO: **05755418**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

STAFFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PMB 131
560 CELEBRATE VIRGINIA PKWY. #103

CITY/ST/ZIP: FREDERICKSBURG, VA 22406

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Jeanette Allard		
TITLE:	PRESIDENT		
ADDRESS:	1 SUMMEY St.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Diane Glass		
TITLE:	VICE PRESIDENT		
ADDRESS:	PMB 131		
CITY/ST/ZIP/CO:	560 Celebrate Virginia Pkwy. #103 FREDERICKSBURG, VA 22406		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Karen Draak Donnelly		
TITLE:	TREASURER		
ADDRESS:	PMB 131		
CITY/ST/ZIP/CO:	560 Celebrate Virginia Pkwy. #103 Fredericksburg, VA 22406		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Dr. Debbie Loveland		
TITLE:	MARKETING DIREC		
ADDRESS:	PMB 131		
CITY/ST/ZIP/CO:	560 Celebrate Virginia Pkwy. #103 Fredericksburg, VA 22406		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Dr. Susan Bunch		
TITLE:	DIRECTOR		
ADDRESS:	PMB 131		
CITY/ST/ZIP/CO:	560 Celebrate Virginia Pkwy. #103 Fredericksburg, VA 22406		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Victoria Stoner, Esquire DIRECTOR PMB 131 560 Celebrate Virginia Pkwy. #103 Fredericksburg, VA 22406	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amy Cohen DIRECTOR PMB 131 560 Celebrate Virginia Pkwy. #103 Fredericksburg, VA 22406	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andora Brady DIRECTOR PMB 131 560 Celebrate Virginia Pkwy. #103 Fredericksburg, VA 22406	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Jeanette Allard SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Jeanette Allard, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/31/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			