

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705106 (3)**  
1. Corporation Name  
**PEGGY ADAMS ANIMAL RESCUE LEAGUE OF THE PALM BEACHES, INCORPORATED**

Principal Place of Business <b>3200 NORTH MILITARY TRAIL WEST PALM BEACH FL 33409</b>	Mailing Address <b>3200 NORTH MILITARY TRAIL WEST PALM BEACH FL 33409</b>
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3. Date Incorporated or Qualified  
**01/24/1963**

4. FEI Number  
**59-0637811**

Applied For	Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**DAVIS, MARY JANE  
3200 N. MILITARY TRAIL  
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEYER, WILLIAM J MRS</b>		1.2 NAME	
STREET ADDRESS <b>757 FAIRHAVEN DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>N PALM BCH, FL 00000</b>		1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STRAUB, GEORGE E</b>		2.2 NAME	
STREET ADDRESS <b>10 BLOSSOM WAY</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, CHARLES E MRS</b>		3.2 NAME	
STREET ADDRESS <b>3700 JOSEPH DR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>W PALM BCH, FL 00000</b>		3.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUMMERS, GEORGE E</b>		4.2 NAME	
STREET ADDRESS <b>220 EL DORADO LN</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRACE, MRS. ROBERT M</b>		5.2 NAME	
STREET ADDRESS <b>126 SEAGRAPE CR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FAULKNER, MRS. SUSAN E.</b>		6.2 NAME	
STREET ADDRESS <b>1017 MANOR DR</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM SPRINGS FL</b>		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Jane Davis*

CFR2037 (10/97)



**PEGGY ADAMS ANIMAL RESCUE LEAGUE**  
**OF THE PALM BEACHES, INC.**  
**Palm Beach County Humane Society**

3200 North Military Trail • West Palm Beach, Fla. 33409  
561/686-DOME (686-3663) • Fax 561/686-0940

*"We speak for those that cannot speak for themselves"*

**1998 NONPROFIT CORPORATION ANNUAL REPORT**

**Addendum to Block 12**

**Additions:**

D  
BAYLEY, MR. JOHN L.  
9 Pine Ridge Trail  
Sapphire, NC 28774

D  
DAVIDSON, MRS. JOSEPH L.  
12 Lagomar Road  
Palm Beach, FL 33480

D  
FROST, MR. GEORGE R.  
915 Macy Street  
West Palm Beach, FL 33405

D  
LETT'S, MRS. GAVIN G. K.  
419 Seaview Avenue  
Palm Beach, FL 33480

D  
MENTSER, MRS. ROBERT  
370 Brackenwood Circle  
Palm Beach Gardens, FL 33418

D  
SANCHEZ, MR. JORGE A.  
239 Southland Road  
Palm Beach, FL 33480

D  
STREICHER, MR. JUDSON L.  
5223 Estate Drive  
Delray Beach, FL 33445

D  
YOUNT, DR. HAROLD A.  
1708 Lakeside Drive, No.  
Lake Worth, FL 33460

**PLEASE REMEMBER THE LEAGUE IN YOUR WILL**