

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723807 (4)

1. Corporation Name

HUMANE SOCIETY OF GREATER MIAMI AND DADE COUNTY  
SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS

Principal Place of Business

2101 N.W. 95 STREET  
MIAMI FL 33147

Mailing Address

2101 N.W. 95 STREET  
MIAMI FL 33147



CH000001708558  
03/06/96 01:06:07  
\$61.25

3. Date Incorporated or Qualified  
07/05/1972

3a. Date of Last Report  
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-0711176

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLORD, RICHARD I III  
2101 NW 95TH ST  
MIAMI FL 33147

81 Name  
M.W. Crews

82 Street Address (P.O. Box Number is Not Acceptable)  
2101 NW 95th Street

83

84 City  
Miami

FL

85 Zip Code  
33147

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 M.W. Crews, Executive Director

(Signature typed or printed name of registered agent and street address)

(NOTE: Signature of Agent required when transferring)

DATE

3/18/96

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE P ☐ DELETE

NAME AMOS, BETTY  
STREET ADDRESS 3444-48 MAIN HWY  
CITY-ST-ZIP COCONUT GROVE FL

TITLE D ☒ DELETE

NAME KNOWLES, MRS. JACK  
STREET ADDRESS 1400 WEST 28TH STREET  
CITY-ST-ZIP MIAMI BCH FL

TITLE ED ☒ DELETE

NAME COLLORD, RICHARD I  
STREET ADDRESS 745 SW 158 TERR  
CITY-ST-ZIP SUNRISE FL

TITLE VP ☐ DELETE

NAME GREEN, VERNON  
STREET ADDRESS 2645 NE MIAMI GARDENS DR  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE S ☒ DELETE

NAME BOSCH, MIRIAM  
STREET ADDRESS 2801 PONCE DE LEON BLVD #300  
CITY-ST-ZIP CORAL GABLES FL

TITLE T ☐ DELETE

NAME GOODMAN, STANLEY  
STREET ADDRESS 909 EAST 8TH AVE  
CITY-ST-ZIP HIALEAH FL

13. TITLE S ☒ Change ☒ Addition

NAME Walker, William  
STREET ADDRESS 14250 SW 105th Terrace  
CITY-ST-ZIP Miami, FL 33186

14. TITLE D ☒ Change ☒ Addition

NAME Brouwer, Juana  
STREET ADDRESS 7250 SW 8th Street  
CITY-ST-ZIP Hialeah, FL 33010

2. 4 CITY-ST-ZIP

3. 1 TITLE ED ☒ Change ☐ Addition

NAME Crews, M.W.  
STREET ADDRESS 6385 SW 110th Street  
CITY-ST-ZIP Miami, FL 33156

4. 1 TITLE D ☐ Change ☒ Addition

NAME Hall, Daniel  
STREET ADDRESS 4100 NE 2nd Avenue  
CITY-ST-ZIP Miami, FL 33137

5. 1 TITLE D ☐ Change ☒ Addition

NAME McKee, Barbara  
STREET ADDRESS 721 Buttonwood Lane  
CITY-ST-ZIP Miami, FL 33137

6. 1 TITLE D ☐ Change ☒ Addition

NAME Newman, James  
STREET ADDRESS 100 SE 2nd St., #2300  
CITY-ST-ZIP Miami, FL 33131

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: M.W. Crews

(Signature typed or printed name of signing officer or director)

Date/Time/Phone #

CR2E037 (12/95)

PM 3-26-1996