FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

HUMANE SOCIETY OF GREATER MIAMI AND DADE COUNTY

FILED Mar 09 1998 8:00am Secretary of State



SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS							
Principal Place of Business Mailing Address						- I IBBNIA 1900E NIOLO ANDN LOSIN ABSNI 1804 DIGH BIELN GNOEL ONDH OTBNI GNUN 4001	
2101 N.W. 95 STREET 2101 N.W. 95 STREET					3. Date Incorporated or Qualified		
MIAMI FL 33147 MIAMI FL 33147						07/05/1972	
						4. FEI Number Applied For	
						59-0711176 Not Applicable	
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired S8.75 Additional	
21		26				Fee Required	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22		27	City & State			Trust Fund Contribution	
City & State	9	28				7. Is this nonprofit corporation a homeowners association?	
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30	–		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre		1991			10. Name and Address of New Registered Agent	
81 Name							
CREWS, M W				B2 Stre	2 Street Address (P.O. Box Number Is Not Acceptable)		
2101 NW 95TH STREET				0.,,0	017100101	(.c. son tonison is not receptable)	
MAMI FL 33147			83				
			-	84 City		85 Zip Code	
						FL T	
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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and tille il applicable. (NOTE: Registered agent and tille il applicable. (NOTE: Registered agent and tille il applicable. (NOTE: Registered agent and tille il applicable.) 12. OFFICERS AND DIRECTORS 13.				Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	OFFICERS AN	DELETE	1.1 T(T)	£	176		
NAME	AMOS, BETTY	DECEME	1.2 NA			LEED, VERNON	
STREET ADDRESS	3444-48 MAIN HWY			EET ADORES		0 80x 6000056	
CITY-ST-ZIP	COCONUT GROVE FL			Y-ST-ZIP		Mami Speings, FL 33266	
TITLE	S	DELETE	2.1 TIT		10	☐ Change ☑ Addition	
NAME	WALKER, WILLIAM		2.2 NA	ΛE	TRE	suman, James	
STREET ADDRESS	14250 SW 105TH TERRACE		2.3 STF	EET ADORES			
CITY-ST-ZIP	MIAMI FL 33186		2.4 CI	Y-ST-ZIP	7	Migmi Lakes, 7L 3 3015	
TITLE	D	☐ DELETE	3.1 TIT	.E	10	☐ Change ☑ Addition	
NAME	MCKEE, BARBARA		3.2 NA	AE .	100	norris, Denise 560 BW 10312 Terrace	
STREET ADDRESS	721 BUTTONWOOD LN		3.3 STF	EET ADDRES			
CITY-ST-ZIP	BAYPOINT MIAMI FL			Y-ST-ZIP	12	UTIES IF, imain	
TITLE	CED	DELETE	4.1 TIT		0	☐ Change ☐ Addition	
NAME	CREWS, M W		4. 2 NA		100	nese, Shay 112 Santa Maria	
STREET ADDRESS	6385 SW 110TH STREET			EET ADDRES	15 44	13 DOUGH WILLIAM	
CITY-ST-ZIP	MIAMI FL	DELETE		Y-ST-ZIP	100	CARI CABLES, 71 33142 (Chance Addition	
TITLE	D Gassman, Philip		5.1 TITI 5.2 NAI		0	ASSMAN, PKILIP	
NAME OTOFET ADODESS	6970 SW 112TH ST			ae Eet addres	1.12 11.12	185 MAN, TW 117 100 SW 147 TR.	
STREET ADDRESS	MIAMI FL.			EET ADUME: Y-ST-ZIP		1600 J.T. 33158	
CITY-ST-ZIP TITLE	MINISTER I W	DELETE	6.1 TIT		I.	☐ Change ☐ Addition	
NAME	GOODMAN, STANLEY		6.2 NAI		000	NER CHARLES	
STREET ADDRESS	909 EAST 8TH AVE			EET ADDRES		" Steril	
CITY-ST-ZIP	HIALEAH FL			Y-ST-ZIP	1000	1: ami, 74 33131	
14 Lhosobu s		with this filian doop not availed			atad in C	oction 119 07/3/i) Florida Statutes, I further certify that the information	

noting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information and report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in ont with an address.

212100

13. D Hudson, Mary Ann 15325 SW 74th Court Miami, FL 3315

> D Lisk, Ann 5801 Red Road Coral Gables, FL 33143