

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735698 (3)

1. Corporation Name
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF HERNANDO COUNTY, INC.



Principal Place of Business
2152 DANFORTH RD
P.O. BOX 3161
SPRING HILL FL 34606-0932
US

Mailing Address
2152 DANFORTH RD
P.O. BOX 3161
SPRING HILL FL 34606-0932
US

3. Date Incorporated or Qualified 04/30/1976
3a. Date of Last Report 04/03/1995

4. FEI Number 59-2911261
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

2. Principal Place of Business **2a. Mailing Address**

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Zip **29** Country **30** Country

9. Name and Address of Current Registered Agent
LAW OFFICES OF H. CURTIS SKIPPER
1366 PINEHURST DR. HERNANDO W. PLAZA
SPRINGHILL FL 34606

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERWIN, DOROTHY	1.2 NAME	Doris C. Smith
STREET ADDRESS	6404 RYAN ST	1.3 STREET ADDRESS	7226 Springs Hill Dr.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL FL 34606
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICKS, ROSALIE	2.2 NAME	Gloria A Handle
STREET ADDRESS	4512 HIGATE ROAD	2.3 STREET ADDRESS	2152 Danforth Rd.
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	 CRAVEN, ALICIA	3.2 NAME	ALICIA CRAVEN
STREET ADDRESS	170 AUSTIN AVE	3.3 STREET ADDRESS	170 Austin Ave.
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	SPRING HILL FL 34606
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATISTA, JACK	4.2 NAME	William P Handle
STREET ADDRESS	29216 GLENWOOD RD	4.3 STREET ADDRESS	2152 Danforth Rd
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLE, GLORIA	5.2 NAME	Vanda moll
STREET ADDRESS	2152 DANFORD ROAD	5.3 STREET ADDRESS	8387 Central Ave.
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	Brooksville FL 34613
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REICHMANN, RICHARD	6.2 NAME	Roger Hart
STREET ADDRESS	1261 MASADA LANE	6.3 STREET ADDRESS	7234 Northwest Ave.
CITY-ST-ZIP	SPRING HILL FL	6.4 CITY-ST-ZIP	Webster FL 33597

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: *Gloria A. Handle* **4-30-96** **352-688-0983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

22

Additional member of the
Board of Directors

Kim Hart
7234 Northwest Ave.
Webster, FL. 33597