

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735698 (3)**  
1. Corporation Name  
**SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF HERNANDO COUNTY, INC.**



Principal Place of Business <b>2152 DANFORTH RD P.O. BOX 3161 SPRING HILL FL 34606-0932 US</b>	Mailing Address <b>2152 DANFORTH RD P.O. BOX 3161 SPRING HILL FL 34611-0962 US</b>
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3. Date Incorporated or Qualified <b>04/30/1976</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>59-2911261</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**LAW OFFICES OF H. CURTIS SKIPPER  
1388 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 **FL** 85 Zip Code

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 if not applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	11 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, DORIS C</b>		12 NAME <b>Alicia Craven</b>	
STREET ADDRESS <b>7226 SPRING HILL DR.</b>		13 STREET ADDRESS <b>170 Austin Ave.</b>	
CITY-ST-ZIP <b>SPRING HILL FL</b>		14 CITY-ST-ZIP <b>Spring Hill Fl.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	21 TITLE <b>T/V</b>	
NAME <b>HANDLE, GLORIA A</b>		22 NAME <b>EARL A. GUTKNECHT</b>	
STREET ADDRESS <b>2152 DANFORTH RD.</b>		23 STREET ADDRESS <b>2376 BLACKSTONE ST.</b>	
CITY-ST-ZIP <b>SPRING HILL FL</b>		24 CITY-ST-ZIP <b>SPRING HILL, FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	31 TITLE <b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Craven, ALICIA</b>		32 NAME <b>DORIS SMITH</b>	
STREET ADDRESS <b>170 AUSTIN AVE.</b>		33 STREET ADDRESS <b>7226 SPRING HILL DR</b>	
CITY-ST-ZIP <b>SPRING HILL FL</b>		34 CITY-ST-ZIP <b>SPRING HILL, FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	41 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HANDLE, WILLIAM P</b>		42 NAME <b>GLORIA A. HANDLE</b>	
STREET ADDRESS <b>2152 DANFORTH RD.</b>		43 STREET ADDRESS <b>2152 DANFORTH RD</b>	
CITY-ST-ZIP <b>SPRING HILL FL</b>		44 CITY-ST-ZIP <b>SPRING HILL, FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	51 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOLL, VANDA</b>		52 NAME <b></b>	
STREET ADDRESS <b>8387 CENTRAL AVE.</b>		53 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b>BROOKSVILLE FL</b>		54 CITY-ST-ZIP <b></b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	61 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HART, ROGER</b>		62 NAME <b>LINDA LEONARD</b>	
STREET ADDRESS <b>7234 NORTHWEST AVE.</b>		63 STREET ADDRESS <b>12140 SUNSHINE GR.</b>	
CITY-ST-ZIP <b>WEBSTER FL</b>		64 CITY-ST-ZIP <b>BROOKSVILLE, FL</b>	

14. I do 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: *Sandra B. Mortham* EARL GUTKNECHT 686-1112

CR2E037 (9/96)