FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

754129

(5)

Mailing Address

SOUTHEAST VOLUSIA HUMANE SOCIETY, INC.

1200 S GLENCOE RD NEW SMYRNA BCH FL 32168-8437		P.O. BOX 702844 NEW SMYRNA BCH. FL 32170				3. Date Incorporated or Qualified 09/10/1980 4. FEI Number Applied For			
f								plied For	
2 Grinoinal P	lace of Business	2a. Mailing Address				59-1148843		t Applicable	
21		26	26			5. Certificate of Status Desired S8.75 Additional Fee Required			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be			
22		27				Trust Fund Contribution	Added to	Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association?			
Zip	Country		Col	untry					
_	25	<u>├</u>	29 30			8. This corporation owes or has paid the current year Intangible, Personal Property Tax due June 30. Yes No.			
24 25 29 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag		311070	
	0. 1.0			81	Name		-		
HALL, C	HARI ES			82	Ot- 11 /	45 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
417 CAN			82 Street Ad		Street A	Address (P.O. Box Number is Not Acceptable)		[
	YRNA BEACH FL 32168			83					
				84	City	FL	85 Zip (Jode	
11 Burniant	to the provinces of Sections 617 OF	02 and 617 1500 Florida State	too the e		nomod		anging it	a rogistorod	
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorize	ed by	the corp	corporation submits this statement for the purpose of croporation's board of directors. I hereby accept the appoin	ianging is itment as	registered	
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 ag	YA) self-cable if and trans	NE: Bankstara	ort Age	nt cidhatura	required when reinstating) DATE			
12.		ID DIRECTORS	13.	- A Figure	THE OFFICE OF THE OFFI	ADDITIONS/CHANGES TO OFFICERS AND D	BECTOR	S IN 12	
TITLE	PD	DELETE	1.1 T	ITLE			Change	Addition	
NAME	SCHLEMMER, NORMAN	_		IAME	ļ		•		
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CITY-ST-ZIP	EDGEWATER FL			IIY-S					
U:11-31=2:P									
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TITLE	TD	DELETE	2.1 T	RLE	1-21	TD	Change	Addition Addition	
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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 any address.