

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 25 AM 9:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N31718 (2)
1. Corporation Name
SOUTH LAKE ANIMAL LEAGUE, INC.

Principal Place of Business Mailing Address
**C/O BETH A. MCCABE
P. O. BOX 121504
CLERMONT FL 34712-8504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/14/1989** 3a. Date of Last Report **03/24/1994**
4. FEI Number **59-2949848** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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

**BETH A. MCCABE
115 ALEXANDRIA AVE
MINNEOLA FL 34755**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signatures, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MCCABE, BETH
STREET ADDRESS	115 ALEXANDRIA AVE
CITY-ST-ZIP	CLERMONT FL
TITLE	D
NAME	BIGELOW, ELSIE
STREET ADDRESS	17730 N. U.S. HIGHWAY 27
CITY-ST-ZIP	CLERMONT FL
TITLE	D
NAME	KETCH, GAIL
STREET ADDRESS	510 SHADY NOOK DR
CITY-ST-ZIP	CLERMONT FL
TITLE	TD
NAME	CLINE, RONDA
STREET ADDRESS	7417 T. L. CLINE ROAD
CITY-ST-ZIP	GROVELAND FL
TITLE	D
NAME	JACKSON, MARY
STREET ADDRESS	5618 MARYS VILLA ROAD
CITY-ST-ZIP	GROVELAND FL
TITLE	D
NAME	BORNEMANN, CAROL
STREET ADDRESS	670 SHADY NOOK LANE
CITY-ST-ZIP	CLERMONT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Secretary / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Spalding Ann
2.3 STREET ADDRESS	208 N. Main St
2.4 CITY-ST-ZIP	Minneola, FL 34755
3.1 TITLE	Vice-President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Beth A McCabe Beth A McCabe, Pres. 4-19-95 904-394-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiry (Florida 8)