

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 08 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business C/O BETH A. MCCABE P. O. BOX 121504 CLERMONT FL 34712-8504	Mailing Address C/O BETH A. MCCABE P. O. BOX 121504 CLERMONT FL 34712-1504
--	--

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

3. Date Incorporated or Qualified 04/14/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2949848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BETH A. MCCABE
115 ALEXANDRIA AVE
MINNEOLA FL 34755**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCABE, BETH	1.2 NAME
STREET ADDRESS	115 ALEXANDRIA AVE	1.3 STREET ADDRESS
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPALDING, ANN	2.2 NAME
STREET ADDRESS	208 N MAIN ST	2.3 STREET ADDRESS
CITY-ST-ZIP	MINNEOLA FL	2.4 CITY-ST-ZIP
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, LISA	3.2 NAME
STREET ADDRESS	104 ROSE AVE	3.3 STREET ADDRESS
CITY-ST-ZIP	MINNEOLA FL	3.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINE, RONDA	4.2 NAME
STREET ADDRESS	7417 T. L. CLINE ROAD	4.3 STREET ADDRESS
CITY-ST-ZIP	GROVELAND FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARY	5.2 NAME
STREET ADDRESS	5818 MARYS VILLA ROAD	5.3 STREET ADDRESS
CITY-ST-ZIP	GROVELAND FL	5.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UTZ, JOYCE	6.2 NAME
STREET ADDRESS	10855 BEVERLY CT	6.3 STREET ADDRESS
CITY-ST-ZIP	CLERMONT FL	6.4 CITY-ST-ZIP

Director
Jeanne Sutton
14415 E. Tennessee Ave
Astatula, FL 34705

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: *Beth A. McCabe, President* 4-2-97 352-394-3923

CR2E037 (9/96)