

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34712-8504
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3. Date Incorporated or Qualified 04/14/1989	Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2949848	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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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	MCCABE, BETH <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 ALEXANDRIA AVE	1.2 NAME	
STREET ADDRESS	CLERMONT FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE SD	SPALDING, ANN <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	208 N MAIN ST	2.2 NAME	Withrow, Claire
STREET ADDRESS	MINNEOLA FL	2.3 STREET ADDRESS	26644 Bimini Dr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Astatula, FL
TITLE VPD	FARMER, LISA <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	104 ROSE AVE	3.2 NAME	Ketch, Gail
STREET ADDRESS	MINNEOLA FL	3.3 STREET ADDRESS	510 Shady Nook Dr
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clermont, FL 34711
TITLE TD	CLINE, RONDA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7417 T. L. CLINE ROAD	4.2 NAME	
STREET ADDRESS	GROVELAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	JACKSON, MARY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5618 MARYS VILLA ROAD	5.2 NAME	
STREET ADDRESS	GROVELAND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	SUTTON, JEANNE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14415 E. TENNESSEE AVE.	6.2 NAME	
STREET ADDRESS	ASTATULA FL	6.3 STREET ADDRESS	
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14. 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 an address.

SIGNATURE *Beth A. McCabe* Beth A. McCabe 4/13/98 352 2911 1998

CR2E037 (10/97)