

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90041 002 \*\*\*\*61.25

|                                                       |                                                                                   |                                                                                                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N31718**

1. Corporation Name  
**SOUTH LAKE ANIMAL LEAGUE, INC.**

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



|                                      |                           |                                                                                                                    |
|--------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>04/14/1989                                                                    |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2949848                                                                                        |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> DELETE |
| NAME           | MCCABE, BETH            |                                 |
| STREET ADDRESS | 115 ALEXANDRIA AVE      |                                 |
| CITY-ST-ZIP    | CLERMONT FL             |                                 |
| TITLE          | SD                      | <input type="checkbox"/> DELETE |
| NAME           | WITHROW, CLAIRE         |                                 |
| STREET ADDRESS | 26644 BIMINI DR         |                                 |
| CITY-ST-ZIP    | ASTATULA FL             |                                 |
| TITLE          | VPD                     | <input type="checkbox"/> DELETE |
| NAME           | KETCH, GAIL             |                                 |
| STREET ADDRESS | 510 SHADY NOOK DR       |                                 |
| CITY-ST-ZIP    | CLERMONT FL 34711       |                                 |
| TITLE          | TD                      | <input type="checkbox"/> DELETE |
| NAME           | CLINE, RONDA            |                                 |
| STREET ADDRESS | 7417 T. L. CLINE ROAD   |                                 |
| CITY-ST-ZIP    | GROVELAND FL            |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | JACKSON, MARY           |                                 |
| STREET ADDRESS | 5618 MARYS VILLA ROAD   |                                 |
| CITY-ST-ZIP    | GROVELAND FL            |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | SUTTON, JEANNE          |                                 |
| STREET ADDRESS | 14415 E. TENNESSEE AVE. |                                 |
| CITY-ST-ZIP    | ASTATULA 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input 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 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, with all other like empowered.

SIGNATURE: BETH A. MCCABE 4/3/99 352-394-3923  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0072982  
 CR2E037 (1/98)