
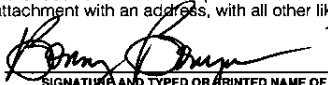


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90307 023 ****61.25

DOCUMENT # N31718			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
City & State		4. FEI Number 59-2949848	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCABE PRIESTLEY, BETH 1721 PENZANCE RD CLERMONT, FL 34711		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIESTLY, BETH M	NAME	
STREET ADDRESS	8119 PINE ISLAND ROAD	STREET ADDRESS	1721 Penzance Rd
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLINS, KEITH	NAME	Martin Deeley
STREET ADDRESS	640 DREW AVE	STREET ADDRESS	15549 Vinola Dr
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	Montverde, FL 34756
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, LORRAINE L	NAME	David Leitch
STREET ADDRESS	16919 ELDERBERRY DRIVE	STREET ADDRESS	PO Box 121337
CITY-ST-ZIP	MONTVERDE, FL 34756	CITY-ST-ZIP	CLERMONT, FL 34712
TITLE	TD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWYER, BONNY	NAME	Dolly Ott
STREET ADDRESS	15705 ARABIAN WAY	STREET ADDRESS	PO Box 567
CITY-ST-ZIP	MONTVERDE, FL 34756	CITY-ST-ZIP	Astatula, FL 34705
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIDDLE, ROSE	NAME	Susan Savage
STREET ADDRESS	658 WEST AVENUE	STREET ADDRESS	602 Avenida Cuarta #303
CITY-ST-ZIP	CLERMONT, FL	CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMPSON, LAURA	NAME	Jenny Gomes
STREET ADDRESS	10666 CARLSON CIRCLE	STREET ADDRESS	3043 CR 470
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	OKahumpka, FL 34762
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  BONNY BOWYER, TREAS		Date: 4/1/04 Daytime Phone #: 352-243-1238	

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04012004 Chg-NP CR2E037 (10/03)

Attachment

#1431718

Title	D	
Name	Mike Timpner	Addition
Street Address	16745 Kamelin Ct	
City-St. zip	Clermont, FL 34711	

Title	D	
Name	Opal Doty	Addition
Street Address	1600 Hunt Trace BLVD	
City-St. zip	Clermont, FL 34711	