## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # N31718  1. Entity Name SOUTH LAKE ANIMAL LEAGUE, INC.									03-1	2-2007	90367 02	21 ****61	1.25
Principal Place of Business C/O BETH A. MCCABE P. O. BOX 121504 CLERMONT, FL 34712-8504			C/O BETH P. O. BOX	Mailing Address C/O BETH A. MCCABE P. O. BOX 121504 CLERMONT, FL 34712-8504						I <b>ffis</b> i ki <b>ti</b> n i <b>g</b> i	1 <b>ESSU 111</b> 4 <b>511</b>	# <b>618</b> # <b>1</b> [ <b>1</b> ]  <b>1</b>	
2. Principal Place of Business - No P.O. Box #			3. Maiting A	3. Maiting Address									
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				03072007 Chg-NP CR2E037 (12/06)					
City & State			ļ <u>.</u>	City & State			4. FEI Number 59-2949					N	oplied For ot Applicable
Zip			Zip			try		5. Certificate	e of Status	s Desired		\$8.75 Ad Fee Require	
<del></del>	6. Name	and Address of Curren	t Registered Ag	ent		Nama		7. Name and	d Addres	s of New F	Registered A	\gent	
BOWYER, 264 MOHA	AWK RD.						ddress (F	P.O. Box Numb	per is Not	Acceptable	e)		
CLERMON	NT, FL 347	711									,		
						City					FL	Zip Cod	
6. The above the obligat	named entity tions of regist	y submits this statement f ered agent.	or the purpose o	f changing its r	egistered	d office or	register	ed agent, or bo	oth, in the	State of Fk	oriđa. I am i	amiliar with.	, and accept
SIGNATURE .													
	Signature, typed	or printed name of registered agen	nt and title if applicable.	(NOTE:	Registered A	Agent signalu	ure required	when reinstating)			DATE		<u></u>
; · · · · · · · · · · · · · · · · · · ·	Filing Fe	or printed name of registered agen e is \$61.25 hay 1, 2007		Election Cam Trust Fund Co	paign Fin	ancing ,		\$5.00 May I	Be ,		DATE lake check lda Depar		
10.	Filing Fe Due by N	e is \$61.25	9. IRECTORS	Election Cam Trust Fund Co	paign Fin	ancing ,		\$5.00 May I	S	Flor	lake check Ida Depar	tment of S	tate ·
,	DS PRIESTLY 1721 PEN	e is \$61.25 lay 1, 2007	9. IRECTORS	. Election Cam	paign Fin ontribution 11. TITLE NAME	n. ~	0 Cher 853	\$5.00 May I Added to Fees DDITIONS/CF	HANGES	Flor TO OFFICE	lake check Ida Depar	tment of S	tate ·
10. TITLE NAME STREET ADDRESS	DS PRIESTLY 1721 PEN CLERMOI PD MULLINS, 640 DREV	e is \$61.25 hay 1, 2007  OFFICERS AND D  Y, BETH M IZANCE RD NT, FL 34711  , KEITH VAVE	IRECTORS	Election Cam Trust Fund Co	paign Finontribution  11.  TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS	Cher 853 Cler VO Ronk	\$5.00 May I Added to Fees DDITIONS/CH CYL LO O CR 4- MONT, I Ia Cliny 7 T.L. C	HANGES LYTE TH FL 3 Pine	4714 2d	lake check Ida Depar RS AND DIF	RECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DS PRIESTLY 1721 PEN CLERMOI PD MULLINS, 640 DREV CLERMOI VD REAGAN, 8110 LAK	e is \$61.25 hay 1, 2007  OFFICERS AND D  Y, BETH M IZANCE RD NT, FL 34711	IRECTORS	Election Cam Trust Fund Co	paign Fin ontribution  11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	Cher 853 Cler VO Ronc 741 Ground Documents	\$5.00 May I Added to Fees DDITIONS/CF CYL LO O CR 4- MUNT, I Ha Cliny 7 T.L. C UCLAND NA Free 10 Raya	HANGES  AYIE  FL 3  Pline  FL  Herid  I oal	4714 2d 347	lake check Ida Depari RS ANO DIF	RECTORS IN	N 10 Addition
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included the control of the exemptions contained in Chapter 119. 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 emptwered 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISPETOR

3/7/07 352.243.1238