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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000003409

1. Corporation Name

SAFEHOUSE ANIMAL SANCTUARY, INC.

Principal Place of Business

2845 2ND AVENUE SAINT PETERSBURG FL 33713

Mailing Address

2845 2ND AVENUE SAINT PETERSBURG FL 33713



2. Principal Place of Business

21 12539 Hudson Ave.

Suite, Apt. #, etc.

22

23 Hudson, FL

Zip

24 34669

Country

25 Pasco

2a. Mailing Address

26 12539 Hudson Ave.

Suite, Apt. #, etc.

27

28 Hudson, FL

Zip

29 34669

Country

30 Pasco

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

59-2518818

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134

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

Deborah A. Mettler Deborah A. Mettler President

3/3/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD NAME METTLER, DEBORAH A STREET ADDRESS 2845 2ND AVENUE CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD 1.2 NAME Deborah A. Mettler 1.3 STREET ADDRESS 12539 Hudson Ave. 1.4 CITY-ST-ZIP Hudson, FL 34669

2.1 TITLE D 2.2 NAME Stephanie M. CeTrangola 2.3 STREET ADDRESS 2950 2nd Ave. N. 2.4 CITY-ST-ZIP St. Petersburg, FL 33713

3.1 TITLE D 3.2 NAME MONA Kelly 3.3 STREET ADDRESS 3265 Indian Ave. So. 3.4 CITY-ST-ZIP Largo, FL 33770

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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: Deborah A. Mettler RE Deborah A. Mettler President 3/3/99 (927) 856-1671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)