

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31718

Entity Name: SOUTH LAKE ANIMAL LEAGUE, INC.

Current Principal Place of Business:

4648 BAPTIST ISLAND ROAD
GROVELAND, FL 34736

Current Mailing Address:

P. O. BOX 121504
CLERMONT, FL 34712-8504 US

FEI Number: 59-2949848

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWYER, BONNY
1645 E. HIGHWAY 50, STE. 202
CLERMONT, FL 34711 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name BARKER, DOREEN
Address 10925 ARROWTREE BLVD.
City-State-Zip: CLERMONT FL 34715

Title DIRECTOR
Name BARKER, DAVID
Address 10925 ARROWTREE BLVD
City-State-Zip: CLERMONT FL 34715

Title DIRECTOR
Name HART, JOANNE
Address 204 E BLUE WATER EDGE
City-State-Zip: EUSTIS FL 32736

Title DIRECTOR
Name KNAPP, JOHN
Address 18430 SKY TOP LANE
City-State-Zip: GROVELAND FL 34736

Title TD
Name BOWYER, BONNY
Address 1645 E. HIGHWAY 50
202
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name MULLINS, KEITH
Address 640 DREW AVE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR, VP
Name CARTIER, KELLY
Address 510 W MONTROSE ST
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR, SECRETARY
Name COGGINS, ELLEN
Address 102 PALM WAY
City-State-Zip: TAVARES FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BONNY BOWYER

TREASURER

04/08/2017

Electronic Signature of Signing Officer/Director Detail

Date