

**2014 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 VPD  
Name DOTY, OPAL  
Address 16850 BAY AVENUE  
City-State-Zip: MONTVERDE FL 34756

Title PPR  
Name STANLEY, REAGAN  
Address 8110 LAKE NELLIE RD  
City-State-Zip: CLERMONT FL 34711

Title TD  
Name BOWYER, BONNY  
Address 15705 ARABIAN WAY  
City-State-Zip: MONTVERDE FL 34756

Title D  
Name CLINE, RONDA  
Address 7417 T.L. CLINE RD.  
City-State-Zip: GROVELAND FL 34736

Title SD  
Name GUGGINO, SALLY  
Address 11028 BRONSON RD  
City-State-Zip: CLERMONT FL 34711

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

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

**Continues on page 2**

*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**

**TD**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GALLO, DR. RICHARD  
Address 22146 TUMBLING RIVER DRIVE  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name WHITEHOUSE, JESSICA  
Address 10352 ALAMEDA ALMA ROAD  
City-State-Zip: CLERMONT FL 34711

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

Title DIRECTOR  
Name WHITEHOUSE, DANIEL  
Address 10352 ALAMEDA ALMA ROAD  
City-State-Zip: CLERMONT FL 34711