

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