

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N98000004252

**Entity Name:** ANIMAL PEOPLE, INC.

**Current Principal Place of Business:**

16228 NE 148TH TERR RD  
FORT MC COY, FL 32134

**Current Mailing Address:**

P.O. BOX 140014  
GAINESVILLE, FL 32614-0014 US

**FEI Number:** 59-3661667

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEICHLITER, GAIL A  
16228 NE 148TH TERR RD  
FT MCCOY, FL 32134 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 PMD  
Name LEICHLITER, GAIL A  
Address 16228 NE 148TH TERR RD  
City-State-Zip: FT MCCOY FL 32134

Title VPD  
Name DWORKIN, CARLY  
Address 16228 NE 148TH TERR RD  
City-State-Zip: FORT MC COY FL 32134

Title STD  
Name LEICHLITER, GLENN E  
Address 16232 NE 148TH TERR RD  
City-State-Zip: FT MCCOY FL 32134

Title FELINE COORDINATOR  
Name SHERRY, PAT  
Address 16228 NE 148TH TERR RD  
City-State-Zip: FORT MCCOY FL 32134

Title MEDIA / COMMUNICATIONS  
COORDINATOR  
Name COURTNEY, MIKE  
Address 16228 NE 148TH TERR RD  
City-State-Zip: FORT MC COY FL 32134

*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:** GAIL LEICHLITER

**DIRECTOR**

**05/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date