

2-20-97 B-2158 C
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Feb 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700877 (4)

1. Corporation Name

ORLANDO HUMANE SOCIETY, INC./SOCIETY FOR THE PRE
VENTION OF CRUELTY TO ANIMALS OF CENTRAL FLORIDA

Principal Place of Business

Mailing Address

2727 AMERICANA BLVD
ORLANDO FL 32839-2162

2727 AMERICANA BLVD
ORLANDO FL 32839-2162



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/29/1960

3a. Date of Last Report

01/31/1996

4. FEI Number

59-0637883

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

RICHARDS, KATHLEEN
807 STETSON STREET
ORLANDO FL 32804

81 Name

McMAHON, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

~~1021 WAID RD~~ Suite 1000

83

255 S. Orange Ave.

84 City

ORLANDO

FL

85 Zip Code
32806

11. Pursuant to the provisions of Sections 617.0502 and 617.1908, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael P. McMAHON

1/20/97

12. OFFICERS AND DIRECTORS

T ☒ DELETE

NAME
BISSINGER, STEVE
STREET ADDRESS
711 W. HARVARD ST.
CITY-ST-ZIP
ORLANDO FL

D ☐ DELETE

NAME
VOSE, WILLIAM
STREET ADDRESS
P.O. BOX 1673 N/A
CITY-ST-ZIP
ORLANDO FL 32802-1673

D ☐ DELETE

NAME
GORMAN, BILL
STREET ADDRESS
P.O. BOX 305 N/A
CITY-ST-ZIP
TANGERINE FL

D ☒ DELETE

NAME
SHEAFFER, CAROL
STREET ADDRESS
609 E CENTRAL BLVD
CITY-ST-ZIP
ORLANDO FL

VD ☐ DELETE

NAME
McMAHON, MICHAEL
STREET ADDRESS
1021 WAID RD
CITY-ST-ZIP
ORLANDO FL 32806-6352

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

VD

S/D

P/D

255 S. ORANGE Ave. Suite 1000
ORLANDO, FL. 32801

T/D

JOSEPHINE A. GATES
90 E. LIVINGSTON ST.

ORLANDO, FL. 32801-1535

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. McMAHON

1/25/97

407/843-7860

CR2E037 (9/96)