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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723807** (4)

1. Corporation Name

**HUMANE SOCIETY OF GREATER MIAMI AND DADE COUNTY
SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS**

Principal Place of Business

Mailing Address

**2101 N.W. 95 STREET
MIAMI FL 33147**

**2101 N.W. 95 STREET
MIAMI FL 33147-2543**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 07/05/1972	3a. Date of Last Report 03/26/1996
4. FEI Number 59-0711176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CREWS, M W
2101 NW 95TH STREET
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	AMOS, BETTY	1.2 NAME	Green, Vernon
STREET ADDRESS	3444-48 MAIN HWY	1.3 STREET ADDRESS	PO Box 6600656
CITY-ST-ZIP	COCONUT GROVE FL 33131	1.4 CITY-ST-ZIP	Miami Springs, FL 33136
TITLE	S	2.1 TITLE	D
NAME	WALKER, WILLIAM	2.2 NAME	McKee, Barbara
STREET ADDRESS	14250 SW 105TH TERRACE	2.3 STREET ADDRESS	741 Buttonwood Lane
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	Baypoint, Miami, FL 33131
TITLE	ED	3.1 TITLE	D
NAME	BROUWER, JUANA	3.2 NAME	Newman, James
STREET ADDRESS	7250 SW 8TH STREET	3.3 STREET ADDRESS	6304 NW 110th Ave
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	Miami, FL 33016
TITLE	VP	4.1 TITLE	CEO
NAME	CREWS, M W	4.2 NAME	CREWS, M.W.
STREET ADDRESS	6385 SW 110TH STREET	4.3 STREET ADDRESS	6385 SW 110th St.
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	S	5.1 TITLE	D
NAME	BOSCH, MIRIAM	5.2 NAME	Cassman, Philip
STREET ADDRESS	2801 PONCE DE LEON BLVD #300	5.3 STREET ADDRESS	6970 SW 112th St.
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Miami, FL
TITLE	T	6.1 TITLE	D
NAME	GOODMAN, STANLEY	6.2 NAME	Morris, Denise
STREET ADDRESS	909 EAST 8TH AVE	6.3 STREET ADDRESS	9860 SW 102nd Terrace
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	Miami, FL 33176

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

Date

Daytime Phone # 0030610

CR2E037 (9/96)