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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730565

1. Corporation Name

ANIMAL WELFARE SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business

200 SAN LORENZO AVE
CORAL GABLES FL 33146
US

Mailing Address

200 SAN LORENZO AVE
CORAL GABLES FL 33146
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KAHN, GILBERT
10 EDGEWATER DR
CORAL GABLES FL 33156

3. Date Incorporated or Qualified

08/29/1974

4. FEI Number

59-1557645

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **COBD** ☐ DELETE
NAME **KAHN, GILBERT S**
STREET ADDRESS **4975 N KENDALL DR**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **CSD** ☐ DELETE
NAME **BLAIR, BETTY EVE**
STREET ADDRESS **4975 N KENDALL DR**
CITY-ST-ZIP **MIAMI, FL 3**

TITLE **PD** ☐ DELETE
NAME **KING, KAY**
STREET ADDRESS **2075 IXORA RD, KEYSTN PT**
CITY-ST-ZIP **N MIAMI, FL 00000**

TITLE **TD** ☐ DELETE
NAME **SANO, BARRIE**
STREET ADDRESS **13511 NE 24 COURT**
CITY-ST-ZIP **N MIAMI, FL 00000**

TITLE **VPD** ☐ DELETE
NAME **SONDERLING, FROSENTE**
STREET ADDRESS **4403 PINETREE DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

DAVID J. WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

305-445-2524
Daytime Phone #

CR2E037 (11/98)