

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747539 (5)

1. Corporation Name

ARA HUMANE SOCIETY OF OKEECHOBEE COUNTY, FLORIDA, INC.

Principal Place of Business

**610 N PARROTT AVE
OKEECHOBEE FL 34972
US**

Mailing Address

**P O BOX 18
OKEECHOBEE FL 34973
US**



3. Date Incorporated or Qualified
06/07/1979

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 211 S.W. 3rd. Street

26 Same

4. FEI Number
59-2045281

Applied For
☐ Not Applicable

22 City & State

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Okeechobee, Fl. 34974

28 Fla.

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 34974

25 OKEECHOBEE 34974

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPMAN, YVONNE
709 S E 12TH AVE
OKEECHOBEE FL 34974**

81 Name

SAME

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

Yvonne Chapman

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MURRISH, JANISE**
STREET ADDRESS **3617 S.W. 19TH ST.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **VD** ☒ DELETE
NAME **RHODES, PRISCILLA**
STREET ADDRESS **6305 N.E. 8TH WAY**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **STO** ☐ DELETE
NAME **CHAPMAN, YVONNE**
STREET ADDRESS **709 S.E. 12TH AVE.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **V.P.** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **34974**

3.1 TITLE **1009 S.W. park ST. Okeechobee, FL** ☐ 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 **100001747411** ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Yvonne Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96 941-765-4555
Date Daytime Phone #

CR2E037 (12/95)