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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

610 N. PARROT WAY
OKEECHOBEE FL 34972
USP O BOX 18
OKEECHOBEE FL 34973-0018
US

211 S.W. 3rd Street

211 S.W. 3rd. St.

2. Principal Place of Business

2a. Mailing Address

21 211 S.W. 3rd. Street

26 Okeechobee, Fl. 34974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

City & State

23 Okeechobee Fl.

28 Okeechobee, Fl

Zip

Country

Zip

Country

24 34974

25 Okee.

29 34974

30 Okee.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/07/1979

3a. Date of Last Report

03/18/1996

4. FEI Number

59-2045281

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☒ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

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 PDT
NAME MURRISH, JANISE
STREET ADDRESS 3617 S.W. 19TH ST.
CITY-ST-ZIP OKEECHOBEE FL 34974☐ DELETETITLE TVP
NAME BYRES, BONNIE
STREET ADDRESS 1009 S.W. PARK ST
CITY-ST-ZIP OKEECHOBEE FL 34974☒ DELETETITLE STD
NAME CHAPMAN, YVONNE
STREET ADDRESS 709 S.E. 12TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34974☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

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 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 REQUIRED

2/18/97 763-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071377

CP2E037 (9/96)