

FILE NOW: FILING FEE IS \$61.25

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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759477** (3)

1. Corporation Name

STERILIZATION OF UNWANTED PETS, INC.

Principal Place of Business 152 VERMONT AVE. CENTER HILL FL 33514	Mailing Address P.O. BOX 8457 TAMPA FL 33604
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 P.O. Box 195 26 Suite, Apt. #, etc. 27 City & State 28 Lady Lake FL 29 Zip 30 Lake
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3. Date Incorporated or Qualified 08/05/1981	4. FEI Number 59-2135888	Applied For 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation <u>owns</u> or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent BATES, VIRGINIA J 152 VERMONT AVE. CENTER HILL FL 33514	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
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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	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, VIRGINIA J	1.2 NAME	Bates, Virginia J
STREET ADDRESS	152 VERMONT AVE.	1.3 STREET ADDRESS	152 Vermont Ave
CITY-ST-ZIP	CENTER HILL FL 33514	1.4 CITY-ST-ZIP	Center Hill FL 33514
TITLE	VT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVOY, SCOTT	2.2 NAME	Duvak Tonya
STREET ADDRESS	6217 NORTH HUBERT	2.3 STREET ADDRESS	511 E Waldo St
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Groveland FL 34736
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLFE, DOROTHY E	3.2 NAME	Ingram RoseMarie
STREET ADDRESS	7201 NORTH GLEN AVENUE	3.3 STREET ADDRESS	438 Winners Circle
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Lady Lake FL 32159
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADMIRE, LARRY E	4.2 NAME	Waymire Louann
STREET ADDRESS	3703 SAN MIGUEL STREET WEST	4.3 STREET ADDRESS	2942 Sunrise RD
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Lady Lake FL 32159
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, GRACE	5.2 NAME	Aldenman Joyce
STREET ADDRESS	200 WEST JEAN STREET	5.3 STREET ADDRESS	15328 Sable Ave
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Groveland FL 34736
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Roxanne Ingram ROXANNE INGRAM 3/25/98 (352) 750-4115

CR2E037 (10/97)