


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 18 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 765236 (5)
1. Corporation Name
CLEWISTON FRIENDS OF ANIMALS, INC.

Principal Place of Business Mailing Address
14526 Riverside Drive, S.E. Same
Fort Myers FL 33905

3. Date Incorporated or Qualified **09/29/1982** 3a. Date of Last Report **01/31/1996**
4. FEI Number **NOT APPLICABLE** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 24. Country 28. Zip 29. Country 30.

9. Name and Address of Current Registered Agent
Carroll L. Benson
14526 Riverside Drive
Fort Myers FL 33905

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Carroll L. Benson* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENSON, CARROLL L.	
STREET ADDRESS	14526 Riverside Drive, S.E.	
CITY-ST-ZIP	Fort Myers FL 33905	<input type="checkbox"/> DELETE
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NALL, FRANCES M.	
STREET ADDRESS	313 W. ARCADE Ave.	
CITY-ST-ZIP	CLEWISTON FL 33440	<input type="checkbox"/> DELETE
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAMNESS, MALI	
STREET ADDRESS	523 E. Osceola	
CITY-ST-ZIP	Clewiston FL 33440	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carroll L. Benson* **Carroll L. Benson** 6/23/97 Date Daytime Phone #

CR2E034 (9/96)