

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:14

DOCUMENT # 767628 (1)
1. Corporation Name
NATIONAL ANIMAL RIGHTS FOR HUMANE EDUCATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 116 BARBADOS AVENUE TAMPA FL 33606		Mailing Address 116 BARBADOS AVENUE TAMPA FL 33606	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 03/23/1983		3a. Date of Last Report 06/01/1994	
4. FBI Number 59-2286422		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	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒		\$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**SEQUOYA, RENE (RAINI)
116 BARBADOS AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SEQUOYA, RENE (RAINI)	12 NAME	
STREET ADDRESS	116 BARBADOS AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SCHMELZER, GLORIA J.	22 NAME	
STREET ADDRESS	187B LYNNE DR.	23 STREET ADDRESS	
CITY - ST - ZIP	WESLEY CHAPEL FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	STUART, KATHLEEN	32 NAME	
STREET ADDRESS	4406 RIDGELINE CIR.	33 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DEGUIRE, JOAN	42 NAME	
STREET ADDRESS	7200-17TH LANE NORTH	43 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *René Raini Sequoya*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE (RAINI) SEQUOYA

April 6, 1995 (813) 251-1749
Date Telephone #