

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90036 035 ****70.00

DOCUMENT # 767628

1. Corporation Name

National Animal Rights for Humane
Education Inc.

Principal Place of Business

Mailing Address

1313 South Howard Ave.

1313 South Howard Ave.

Tampa, Florida 33606-3134

Tampa, Florida 33606-3134

2. Principal Place of Business

2a. Mailing Address

21 1313 South Howard Ave.

26 1313 South Howard Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 House

27 House

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

Zip

Country

Zip

Country

24 33606-3134 25 USA

29 33606-3134 30 USA

3. Date Incorporated or Qualified

March 23, 1983

4. FEI 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENE (RAINI) SEQUOYA
1313 South Howard Ave.
Tampa, Florida 33606-3134
USA

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	Founder-President	<input type="checkbox"/> DELETE
NAME		Rene (Raini) Sequoya	
STREET ADDRESS		1313 South Howard Ave.	
CITY-ST-ZIP		Tampa, Florida 33606-3134	
TITLE	VD	Vice-President	<input type="checkbox"/> DELETE
NAME		Gloria J. Schuelzer	
STREET ADDRESS		167 B Lyme Dr.	
CITY-ST-ZIP		Wesley Chapel, Florida	
TITLE	STD	STD	<input type="checkbox"/> DELETE
NAME		Kathleen Stuart	
STREET ADDRESS		4406 Ridgeline Cir.	
CITY-ST-ZIP		Tampa, Florida	
TITLE	D	D	<input type="checkbox"/> DELETE
NAME		John Dequire	
STREET ADDRESS		7300 - 17th Ave North	
CITY-ST-ZIP		St. Petersburg, Florida	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Rene (Raini) Sequoya - RENE (RAINI) SEQUOYA April 3, 1999 (813) 258-4068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)