

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90015 027 ****70.00

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05042006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2286422

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # 767628

1. Entity Name
NATIONAL ANIMAL RIGHTS FOR HUMANE
EDUCATION, INC.



Principal Place of Business
1808 BELLE CHASE CIRCLE
ATTN: LAURA SHERWOOD
TAMPA, FL 33614 US

Mailing Address
1808 BELLE CHASE CIRCLE
ATTN: LAURA SHERWOOD
TAMPA, FL 33614 US

2. Principal Place of Business

3. Mailing Address

3416 Windsor Court

3416 Windsor Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

130 Colava Sherwood

130 Colava Sherwood

City & State

City & State

Tampa Florida

Tampa Florida

Zip

Country

Zip

Country

33614

USA

33614

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEQUOYA, RENE (RAINI)
1313 SOUTH HOWARD AVE
TAMPA, FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SEQUOYA, RENE (RAINI)
STREET ADDRESS 1313 SOUTH HOWARD AVE
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SCHMELZER, GLORIA J.
STREET ADDRESS 167B LYNNE DR
CITY-ST-ZIP WESLEY CHAPEL, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME STUART, KATHLEEN
STREET ADDRESS 4406 RIDGELINE CIR.
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEGUIRE, JOAN
STREET ADDRESS 7200-17TH LANE NORTH
CITY-ST-ZIP ST PETERSBURG, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: René Raini Sequoya May 20, 2006 (813) 817-0932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #