FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

F94000001923 (1)

THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUEL TY TO ANIMALS, INC.

Principal Place of Business Mailing Address

FILED Mar 05 1997 8:00am Secretary of State



424 EAST 92ND STREET NEW YORK NY 10128		424 EAST 92ND STREET NEW YORK NY 10128-6804					
					3. Date Incorporated or Qualified 04/13/1994	3a. Date of Last R 08/02/19	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 13-1623829		plied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.	~ 			60 7E	Additional
22		27			Certificate of Status Desired		equired
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip 24	Country 25	Zip 29	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No (501 (c x 3))		
9. Name and Address of Current Registered Agent					10. Name and Address of New Re		
			61	Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Add	fress (P.O. Box Number is Not Acceptab	le)	
PLANTATION FL 33324			63				
			84	City		FL 85 Zip f	Code
11. Pursuant t	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the abov	L e-named cor	poration submits this statement for the p	urnose of changing it	s 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 _	N/A		·				
12.	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: ND DIRECTORS	Registered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	0.11.10
TITLE	P	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	CARAS, ROGER		1.2 NAME			Change	
STREET ADDRESS	424 EAST 92ND STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10128		1.4 CITY - 5	ST-ZIP			
TITLE	VCF0	DELETE	2.1 TITLE			☐ Change	Addition
NAME	EUDENE, STEPHEN	!					
STREET ADDRESS	424 EAST 92ND STREET		2.3 STREET	ADDRESS			
CITY - ST - ZIP TITLE	NEW YORK NY V	DELETE	2.4 CITY-	ST-ZIP		[] 0t	
NAME	SHAW, ANTHONY E	C) precit	3.1 TITLE			☐ Change	Addition
STREET ADDRESS	424 EAST 92ND STREET		3.2 NAME 3.3 STREET	ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10128		3.4 CITY-				
TITLE	DT	DELETE	4.1 TITLE	U1 EII		☐ Change	Addition
NAME	ELKMAN, STEVE M		4. 2 NAME			_ •	•
STREET ADDRESS	424 E 92ND ST		4.3 STREET	ADDRESS			
CITY-ST-ZIP	NEW YORK NY		4.4 CITY - S	ST-ZIP			
TITLE	DS	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	OLIPHANT, TATYANA		5.2 NAME				
STREET ADDRESS	424 EAST 92ND STREET		5.3 STREET				
CITY-ST-ZIP TITLE	NEW YORK NY 10128 DC	☐ DELETE	5.4 CITY - 5	T-ZIP		10	A platet
NAME	STEBBINS, JAMES	☐ DETEIE	6.1 TITLE			Change	☐ Addition
STREET ADDRESS	424 E 92ND ST		62 NAME	ADDRESS			
j	NEW YORK NY		6.3 STREET				
CITY-ST-ZIP	HEIT TOTAL ITT	***************************************	6.4 CITY - 5	2 - ZIP			

14. I do 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 chapted or on an attachment with an address. Stephen Eudene

SIGNATURE:

(212) 876-7700