FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # N0093	9 (1)							
ANIMAL	WELFARE LEAGUE, INC.								å li 11114 H 11 1
Principal Place of Business Mailing Address									
1901 INDIES DRIVE E. JACKSONVILLE FL 32246		1901 INDIES DRIVE E. JACKSONVILLE FL 32246-2404							
US		U\$				3. Date Incorporated or Qualified 01/16/1984	3a. Da	te of Last R 2/28/199	leport 96
2. Principal Place of Business 2a, Mailing Address 26						4. FEI Number 59-2372468	<u> </u>		oplied For of Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27							equired
City & Stati	C	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cour	itry		8. This corporation has liability for in			
24	[25] [29] [30]							No	•,
	9. Name and Address of Curren	t Hegistered Agent		81 !	Name	10. Name and Address of New Re	jistered A	rgent	
. CALIDDE	ALL EDITH		Į	•					
GAUDREAU, EDITH 1901 INDIES DRIVE E.				82 8	Street Addre	ess (P.O. Box Number is Not Acceptab	le) 		
	NVILLE FL 32246			B3					
				84	City		FL	65 Zip	Code
11. Pursuant office or r	to the provisions of Sections 617.050; equistered agent, or both, in the State	2 and 617.1508, Florida State of Florida, Such change was	utes, the ab	ove-n	amed corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of	changing il	ts registered registered
	rn familiar with, and accept the obliga	ations of, Section 617.0503, f	Florida Statu	utes.					Ü
SIGNATURE	Stynature: typed or printed name of registered agre			Agent	ignature require	od when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS DELETE		13,			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	RS IN 12 Addition
TITLE NAME	PD Gaudreau, edith	[] DOLLE	1.1 TIT 1.2 NA					L Criange	[_] Addition
STREET ADDRESS	1901 INDIES DRIVE E		1.3 STRE		DRESS				
CHTY-\$1 - ZIP	MOVOOD BY F			1.4 CITY-ST-ZIP					
TITLE	S	☐ DELETE	2170	LE				☐ Change	Addition
NAME	ARNOLD, JENNY		22 NA			•			
STREET ADDRESS				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY-ST-ZIF TITLE	ORANGE PARK FL VD	DELETE	2.4 CI		ZIP			Change	Addition
NAME	GARVER, KAY	C. Jocette		3.2 NAME					
STREET ADDRESS	11765 N WATTLE TREE RD.		3.3 ST	REET AD	DRESS				
City-St-Zip	JACKSONVILLE FL		3.4. CI	TY-\$T-	ZIP				
TITLE	D	DELETE	4.1 ŢII	4.1 TITLE				Change	Addition
NAME	HAMANN, CAP. A			4. 2 NAME					
STREET ADDRESS	25 STATE RD. 13 ELM 16			4.3 STREET ADDRESS					
CITY-ST ZIP TITLE	JACKSONVILLE FL	DELETE.		4.4 CITY - ST - ZIP 5.1 TITLE			******	Change	Addition
NAME		J. Stirit		5.1 TITLE 5.2 NAME				L Dilange	
STHEET ADDRESS				REET AD	DRESS				
City - S1 - ZiP				Y-\$1-					
TILE		DELETE	6.1 TJT					Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET AD	DRESS				
CHY+S1-7IP			6.4 CIT	Y-ST-	ne l				

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 25 1997 8:00am

Secretary of State