


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00939 (1)

1. Corporation Name
ANIMAL WELFARE LEAGUE, INC.



Principal Place of Business 1901 INDIES DRIVE E. JACKSONVILLE FL 32246 US	Mailing Address 1901 INDIES DRIVE E. JACKSONVILLE FL 32246 US
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3. Date Incorporated or Qualified 01/16/1984
4. FEI Number 59-2372468
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GAUDREAU, EDITH
1901 INDIES DRIVE E.
JACKSONVILLE FL 32246**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GAUDREAU, EDITH	1.2 NAME	KAY GARVER
STREET ADDRESS	1901 INDIES DRIVE E	1.3 STREET ADDRESS	11765 WATTLE TREE RD N
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	S	2.1 TITLE	VD
NAME	ARNOLD, JENNY	2.2 NAME	Edith GAUDREAU
STREET ADDRESS	324 URANUS LANE	2.3 STREET ADDRESS	1901 Indies DR. E
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	VD	3.1 TITLE	SD
NAME	GARVER, KAY	3.2 NAME	Jenny Arnold
STREET ADDRESS	11785 N WATTLE TREE RD.	3.3 STREET ADDRESS	324 URANUS LANE
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	D	4.1 TITLE	
NAME	HAMANN, CAP. A	4.2 NAME	
STREET ADDRESS	25 STATE RD. 13 ELM 16	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: **KAY GARVER** (P.D.) **Kay Garver** 3/19/98 904641 3957

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