

**1-22-95 B-31A YC Xc**  
**PLEASE NOW! FILING FEE AFTER MAY 1 IS \$155.00 LG**

**CORPORATION  
 ANNUAL REPORT  
 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS**

95 JAN 23 AM 8:53

**DOCUMENT # N04183 (2)**  
 1. Corporation Name  
**ANIMAL PROTECTION LEAGUE OF ESCAMBIA COUNTY, INC**

Principal Place of Business Mailing Address  
**JANICE L. HERVIEUX** **JANICE L. HERVIEUX**  
 4240 APRIL ROAD 4240 APRIL ROAD  
 PENSACOLA FL 32504 PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/1984** 3a. Date of Last Report **03/30/1994**  
 4. FEI Number **59-2421347** 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**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERVIEUX, JANICE L.  
 4240 APRIL ROAD  
 PENSACOLA FL 32504**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEWIS, LILLIAN
STREET ADDRESS	845 LEXINGTON RD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	VPD
NAME	BACHTEL, MARY A.
STREET ADDRESS	6120 ARBUTUS DR.
CITY-ST-ZIP	PENSACOLA FL
TITLE	RSD
NAME	HERVIEUX, JANICE L.
STREET ADDRESS	4240 APRIL RD
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD
NAME	WARD, SANDRA J.
STREET ADDRESS	7132 WHIRLYBIRD AVE.
CITY-ST-ZIP	PENSACOLA FL
TITLE	CSD
NAME	BENTON, SHARON K.
STREET ADDRESS	8480 OLD SPANISH TR RD
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1202 MAHOGANY MILL ROAD
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary A. Bachtel  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARY A. BACHTEL**

Jan. 13, 1995 (904) 477-9151  
 Date Daytime Phone #