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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04183

1. Corporation Name

ANIMAL PROTECTION LEAGUE OF ESCAMBIA COUNTY, INC

Principal Place of Business

%JANICE L. HERVIEUX
4240 APRIL ROAD
PENSACOLA FL 32504

Mailing Address

%JANICE L. HERVIEUX
4240 APRIL ROAD
PENSACOLA FL 32504

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/13/1984

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

9. Name and Address of Current Registered Agent

HERVIEUX, JANICE L
4240 APRIL ROAD
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

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 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 *Janice L. Hervieux*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ZABILKA, GLADYS M
STREET ADDRESS 4240 APRIL ROAD
CITY-ST-ZIP PENSACOLA FL

TITLE VPD ☐ DELETE
NAME BACHTEL, MARY A.
STREET ADDRESS 6120 ARBUTUS DR.
CITY-ST-ZIP PENSACOLA FL

TITLE RSD ☐ DELETE
NAME HERVIEUX, JANICE L.
STREET ADDRESS 4240 APRIL RD
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ DELETE
NAME WARD, SANDRA J.
STREET ADDRESS 7132 WHIRLYBIRD AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE CSD ☐ DELETE
NAME BENTON, SHARON K.
STREET ADDRESS 6250 POWRIE DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Janice L. Hervieux*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9, 1999

Date

(850) 477-9131

Daytime Phone #

CR2E037 (11/98)