

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90443 017 ****70.00

DOCUMENT # N07248

1. Entity Name

ANIMAL STERILIZATION AND RABIES ASSISTANCE LEAGUE, INC.



Principal Place of Business

**324 CHRISTMAS TREE LANE, ROUTE 6
PANAMA CITY FL 32413**

Mailing Address

**PO BOX 7082
PANAMA CITY BEACH FL 32413-0082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2487314**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LATONE, CAROL
21808 MARLIN AVE
PANAMA CITY BEACH FL 32413**

7. Name and Address of New Registered Agent

Name **ANN TRENT**
Street Address (P.O. Box Number is Not Acceptable)
2422 MAGNOLIA DR
City **PANAMA CITY BCH** FL Zip Code **32408**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	VILLAGOMEZ, DIANE	
STREET ADDRESS	4105 KONSTANZ ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TRENT, ANN	
STREET ADDRESS	2422 MAGNOLIA DE.	
CITY-ST-ZIP	PCB FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLAN GERTRUDE	
STREET ADDRESS	324 CHRISTMAS TREE	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, MARY L	
STREET ADDRESS	205 FAIRWAY BLVD	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLIBITH, LINDA	
STREET ADDRESS	7300 S LAGOON DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KEITH, LINDA	
STREET ADDRESS	119 GRANGER LN RT 15	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAL H. BROWN	
STREET ADDRESS	101 VILLA COURT	
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRENT, ANN	
STREET ADDRESS	2422 MAGNOLIA DRIVE	
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAINWRIGHT, NANCY	
STREET ADDRESS	114 N. EAST AVE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/16/03

850-234-2114

CR2E037 (10/02)