## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PADEN, MARC

30 LAUREL OAK

AMELIA ISALND FL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N14745

(6)

<sup>©E'</sup>NASSAU HUMANE SOCIETY, INC: D/B/A

May 01 1997 8:00am Secretary of State

TO CONTINUE A DECISION DE DECISION DE PER DECISION DE LA CARRESTA DE DESARRO DE DESCRIPCIÓN DE DECISION DE LA CARRESTA DE CARRESTA

Principal Place of Business  Mailing Address  95 PIPER LANE P.O. 80X 49 FERNANDINA BEACH FL 32034 US  3. Date incorporated or Qualified Sa. Date of Last Report 05/06/1986  3. Date incorporated or Qualified Od/19/1996  2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Certificate of Status Desired Status Period Contribution 2c. Report Address 2c. Certificate of Status Desired Country 2c. State 2c. Country 2c. Country 2c. State 2c. Country 2c. Name and Address of Current Registered Agent 2c. Name and Address of New Registered Agent 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. Street Address (P.O. Box Number is Not Acceptable) 2c. S
FERNANDINA BEACH FL 32034  Series of Business  2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 3. Date incorporated or Qualified Dynamics Applies Sp-2667141  Suite, Apt. #, etc. 3. Date incorporated or Qualified Dynamics Applies Sp-2667141  Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Fei Frincipal Place of Business 59-2667141  Suite, Apt. #, etc. 5. Certificate of Status Desired Sp-2667141  Strust Fund Contribution Added to Fee Regult City & State 3. This corporation has liability for intengible tax under s. 19 Florida Statutes  Street Address of New Registered Agent  10. Name and Address of New Registered Agent  Florida Statutes  Flori
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 05/06/1986 3. Date Of 1986 3. Date Class Report 05/06/1986 3. Date Class Report 05/06/19
Sulte, Apt. #, etc.   Suite, Apt. #, etc.
Suite, Apt. #, etc.  Suite, Ap
22   27   27   5. Certificate of Status Desired   Fee Requit   Fee R
Trust Fund Contribution
Zip Country Zip Country B. This corporation has liability for intangible tax under s. 19 24 25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  81 Name  BURGESS, GRANVILLE C.  303 CENTRE STREET  SUITE 200  FERNANDINA BEACH FL 32034  82 Street Address (P.O. Box Number is Not Acceptable)  83 -05/06/97-01042-054  84 City ************************************
28 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 CENTRE STREET  84 City ****61.25 FL 85 Zip Coc  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 re- 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 reg- agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 -05/06/97-01042-054  84 City ******61.25 FL 85 Zip Coc  11. Pursuant to the provisions of Sections 617.0502 and 617.0503, Florida Statutes.  84 City ************************************
#### 10. Name and Address of New Registered Agent    Street Address of New Registered Agent
BURGESS, GRANVILLE C.  303 CENTRÉ STREET SUITE 200 FERNANDINA BEACH FL 32034  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 re 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 regard. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent, signature required when reinslating)  DATE  12. OFFICERS AND DIRECTORS
BURGESS, GRANVILLE C. 303 CENTRE STREET SUITE 200 FERNANDINA BEACH FL 32034  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 re 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 regagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent, signature required when reinslating)  DATE  12. OFFICERS AND DIRECTORS
SIGNATURE  SIGNATURE  SOCIETY STREET SUITE 200 FERNANDINA BEACH FL 32034  B3  -05/06/3701042054  B4  City  ****61.25  FL  B5  Zip Coc  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 re- 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 reg- agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typod or printed name of registered agent and this id applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS
SUITE 200 FERNANDINA BEACH FL 32034  83  -D5/06/97D1042D54  84  City  ****B1.25  FL  85  Zip Coc  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 re- 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 reg- agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinsteting)  DATE  12. OFFICERS AND DIRECTORS
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SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent; signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent, signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II
Signature, typed or printed name of registered agent and Mile if applicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II
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NAME NORRIS, MARTI STREET ADDRESS 848-A ELLEN ST CITY-ST-ZIP FERNANDINA BEACH FL  TITLE D  A 2 NAME 2 NAME 2 1 21 CLINCH RD 4.2 NAME 2 1 21 CLINCH RD 5.1 TITLE D  CHOSELETE 5.1 TITLE D  Change X
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6.4 CITY - ST - ZIP 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in shanged, or on an anatometric with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

TAMARA HOMER

JOANNA WY

SHORT HILLS,

07078

Change Addition