FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N20108

(9)

W.M. LYNN/GRACE FISHINGER MEMORIAL ANIMAL FUND,

1140.											a n a ngka an an kata	
Principal Place	e of Business			lailing Address							AH CIRIN SHRII (RB)	
110 WEBER ORLANDO F				110 WEBER STREET ORLANDO FL 32803								
									3. Date Incorporated or Qualified 04/13/1987	3a. Date of Las 05/01/		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	I	Applied For	
21				26					59-2832527		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$8.7	5 Additional	
City & State				27					- Continued of States Desired	☐ Fee	Required	
23				City & State				'	6. Election Campaign Financing \$5.00 May Be			
Zip Country				Zip Country				Added to Fees				
24 25			29	Zip	30 Codnay			'	8. This corporation has liability for intangible tax under s. 199.032,			
Name and Address of Current Registered Agent						т—		Flonda Statutes Yes No 10. Name and Address of New Registered Agent				
						81	Name		How with Addition of Item Meg	eraien Wänur		
LYNN, C	DAVID L.					82						
110 WEBER STREET							Street A	Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32803						83						
						L						
						84	City			FL 85 Z	ip Code	
11. Pursuant t	to the provision	s of Sections 617.050	2 and 61	7.1508, Florida Statute	s, the abo	ove-r	named cor	rporation	submits this statement for the purpos		registered office	
		oth, in the State of Flor the obligations of, Sec			d by the	corp	oration's b	poard of	submits this statement for the purpor directors. I hereby accept the appoint	ment as registered	d agent. I am	
SIGNATURE		.										
	Signature typed or p	ornted name of registered agen	t and the if a	n, r licatre (NOT	E Registere	1 Agen	t signature rec	gaired when	renstatugi	DATE		
12.		OFFICERS AN	D DIREC		13.				ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12	
TITLE	PD			DELETE	1.1 7	ITLE				Change	Addition	
NAME	LYNN, DA				1.2 N	AME						
STREET ADDRESS		ER STREET			13S	TREET	ADDRESS					
CITY-ST-ZIP	ORLANDO) FL			1.4 C	IFY-S	I - ZIP					
TITLE	STD	0.111100		☐ DELETE	2 1 Ti	TLE	1			☐ Change	Addition Addition	
NAME		R, NANCY			22 N	AME						
STREET ADDRESS		NESOTA DRIVE			235	TREET	ADDRESS				1	
CHY-ST-ZIP	ORLANDO) FL		Floriere		HY-S	T - ZIP					
TITLE NAME	D	AL PARIA IAI		DELETE	3 1 Tı					Change	Addition	
!		N, DANA W.			3 2 N							
STREET ADDRESS CITY-ST-ZIF	WINTER P	THINGTON DRIVE					ADDRESS					
TITLE	AMMICK L	ANN FL		DELETE		ITY-S	1-ZIP					
NAME				Plotreit	4 1 TI					☐ Change	Addition	
STREET ADDRESS					4 2 N						j	
CITY-ST-ZIP							ADDRESS					
TITLE				DELETE		TY - SI	- ZIP					
NAME				DELETE	511					☐ Change	☐ Addition	
STREET ADDRESS					52 N/							
CITY-ST-ZIP							AODRESS					
TITLE				DELETE	5.4 01		· ZIP					
NAME					61 Ti					☐ Change	☐ Addition	
STREET ADDRESS					62 8/		Dones -					
CITY-ST-ZIP					6351	HEET	DORESS					

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 gustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

5/11/96 407-843-7995

A 18641/61 BLB 11841 BB161 11841 BB181 1844 B1813 G1844 B1841 B1844 B1844 B1844 B1844