

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N26657** (9)

1. Corporation Name

**ANIMAL WELFARE LEAGUE OF HARDEE COUNTY, INC.**



Principal Place of Business

**HARDEE HOME EXT  
ALTMAN RD.  
WAUCHULA FL 33873**

Mailing Address

**P.O. BOX 1665  
WAUCHULA FL 33873**

3. Date Incorporated or Qualified  
**05/27/1988**

3a. Date of Last Report  
**01/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**65-0057390**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MILLER, BARBARA KAZEN  
RT. 2, BOX 247-M  
WAUCHULA FL 33873**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
BUCHANAN, W. C.  
301 PENN AVENUE  
WAUCHULA FL**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
MILLER, BARBARA  
RT. E BOX 247-M N/A  
WAUCHULA, FL 33873**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
DRISKELL, MARGARET  
609 HAWAIIAN DR  
WAUCHULA FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
DREW, FRAN  
LOT #10 CITRUS VALLEY ES  
WAUCHULA FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
LAWSON, LORETTA  
2 OAK HILL  
WAUCHULA FL**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
Mason, Virginia  
Route 2 Box 82  
Zolfo Sprs., FL 33890**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**D  
Barncord, Shirley  
Route 2 Box 215-K  
Wauchula, FL 33873**

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Barbara Miller**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/24/96**  
Date

**773-2601**  
Daytime Phone #

0013105

CR2E037 (3/96)