

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

HARDEE HOME EXT
ALTMAN RD.
WAUCHULA FL 33873P.O. BOX 1665
WAUCHULA FL 33873-16653. Date Incorporated or Qualified
05/27/19883a. Date of Last Report
07/02/19964. FEI Number
65-0057390Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, BARBARA KAZEN
RT. 2, BOX 247-M 145 S. BARLOW ROAD
WAUCHULA FL 33873

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BARNCORD, SHIRLEY
STREET ADDRESS ROUTE 2 BOX 215-K
CITY - ST - ZIP WAUCHULA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE SD ☐ DELETE
NAME MILLER, BARBARA
STREET ADDRESS RT. E BOX 247-M N/A
CITY - ST - ZIP WAUCHULA, FL 338732.1 TITLE ☒ Change ☐ Addition
2.2 NAME 145 S. BARLOW RD
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE TD ☐ DELETE
NAME BRISKELL, MARGARET
STREET ADDRESS 609 HAWAIIAN DR
CITY - ST - ZIP WAUCHULA FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME TD BROWN, MARGARET
3.3 STREET ADDRESS P O BOX 1671 (6933 BETHOA RD)
3.4 CITY - ST - ZIP ZOLFO SPRINGS, FL 33873TITLE D ☐ DELETE
NAME BREW, FRAN
STREET ADDRESS LOT #10 CITRUS VALLEY ES
CITY - ST - ZIP WAUCHULA FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME FERRARO, FRAN
4.3 STREET ADDRESS 513 S. FLA. AVE
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME LAWSON, LORETTA
STREET ADDRESS 2 OAK HILL
CITY - ST - ZIP WAUCHULA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE PD ☐ DELETE
NAME MASON, VIRGINIA
STREET ADDRESS RT 2 BOX 82
CITY - ST - ZIP ZOLFO SPRINGS FL6.1 TITLE ☒ Change ☐ Addition
6.2 NAME 723 KELLY ROBERTS RD
6.3 STREET ADDRESS
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 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

1/29/97

194) 773-2407

Daytime Phone # 0054475

CR2E037 (9/96)