

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
HARDEE HOME EXT P.O. BOX 1665
ALTMAN RD. WAUCHULA FL 33873
WAUCHULA FL 33873

3. Date Incorporated or Qualified

05/27/1988

4. FEI Number

65-0057390

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, BARBARA KAZEN
145 S. BARLOW RD.
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

TITLE D ☐ DELETE
NAME BARNCORD, SHIRLEY
STREET ADDRESS ROUTE 2 BOX 215-K
CITY-ST-ZIP WAUCHULA FL
TITLE SD ☐ DELETE
NAME MILLER, BARBARA
STREET ADDRESS 145 S. BARLOW RD.
CITY-ST-ZIP WAUCHULA, FL 33873
TITLE TD ☐ DELETE
NAME BROWN, MARGARET
STREET ADDRESS 6933 BETHEA RD.
CITY-ST-ZIP ZOLFO SPRINGS FL
TITLE D ☐ DELETE
NAME FERRARO, FRAN
STREET ADDRESS 513 S. FLA AVE.
CITY-ST-ZIP WAUCHULA FL
TITLE D ☐ DELETE
NAME LAWSON, LORETTA
STREET ADDRESS 2 OAK HILL
CITY-ST-ZIP WAUCHULA FL
TITLE PD ☐ DELETE
NAME MASON, VIRGINIA
STREET ADDRESS 723 KELLY ROBERTS RD.
CITY-ST-ZIP ZOLFO SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

4-28-98

CR2E037 (10/97)