

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90732 016 ****61.25

DOCUMENT # N26657

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0057390**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, BARBARA KAZEN
145 S. BARLOW RD.
WAUCHULA FL 33873**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, WINONA	
STREET ADDRESS	H296 E MAIN ST <i>4296 E. Main St.</i>	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, BARBARA	
STREET ADDRESS	145 S. BARLOW RD.	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, MARGARET	
STREET ADDRESS	6933 BETHEA RD.	
CITY-ST-ZIP	ZOLFO SPRINGS FL <i>33870</i>	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRARO, FRAN	
STREET ADDRESS	513 S. FLA AVE.	
CITY-ST-ZIP	WAUCHULA FL <i>33873</i>	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYONS, GENE	
STREET ADDRESS	744 EVERGREEN DR <i>944 Evergreen Dr.</i>	
CITY-ST-ZIP	WAUCHULA FL <i>33873</i>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MASON, VIRGINIA	
STREET ADDRESS	723 KELLY ROBERTS RD. <i>551 Mullinsville Rd.</i>	
CITY-ST-ZIP	ZOLFO SPRINGS FL <i>First proof, FL 33843</i>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Miller
Barbara Miller

4/3/03 863-773-2601

CR2E037 (10/02)