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Apr 13 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 # **N31718**

(2)

1. Corporation Name

**SOUTH LAKE ANIMAL LEAGUE, INC.**



Principal Place of Business

Mailing Address

C/O BETH A. MCCABE  
P. O. BOX 121504  
CLERMONT FL 34712-8504

C/O BETH A. MCCABE  
P. O. BOX 121504  
CLERMONT FL 34712-8504

3. Date Incorporated or Qualified

**04/14/1989**

4. FEI Number

**59-2949848**

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**BETH A. MCCABE  
115 ALEXANDRIA AVE  
MINNEOLA FL 34755**

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 **PD** ☐ DELETE  
NAME **MCCABE, BETH**  
STREET ADDRESS **115 ALEXANDRIA AVE**  
CITY-ST-ZIP **CLERMONT FL**

TITLE **SD** ☐ DELETE  
NAME **SPALDING, ANN**  
STREET ADDRESS **208 N MAIN ST**  
CITY-ST-ZIP **MINNEOLA FL**

TITLE **VPD** ☐ DELETE  
NAME **FARMER, LISA**  
STREET ADDRESS **104 ROSE AVE**  
CITY-ST-ZIP **MINNEOLA FL**

TITLE **TD** ☐ DELETE  
NAME **CLINE, RONDA**  
STREET ADDRESS **7417 T. L. CLINE ROAD**  
CITY-ST-ZIP **GROVELAND FL**

TITLE **D** ☐ DELETE  
NAME **JACKSON, MARY**  
STREET ADDRESS **5618 MARYS VILLA ROAD**  
CITY-ST-ZIP **GROVELAND FL**

TITLE **D** ☐ DELETE  
NAME **SUTTON, JEANNE**  
STREET ADDRESS **14415 E. TENNESSEE AVE.**  
CITY-ST-ZIP **ASTATULA FL**

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

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

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

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

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

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

☐ Change ☐ Addition

☒ Change ☐ Addition  
**SD  
Withrow, Claire  
26644 Bimini Dr  
Astatula, FL**

☒ Change ☐ Addition  
**VPD  
Ketch, Gail  
510 Shady Nook Dr  
Clermont, FL 34711**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

CR2E037 (10/97)