FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42635 (5)

1. Corporation Name

SAFE ANIMAL SHELTER OF ORANGE PARK, INC.

Principal Place of Business	Mailing Address
1078 MILLER ST ORANGE PARK FL 32073	P. O. BOX 1386 ORANGE PARK FL 32067 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1991
3a. Date of Last Report: 02/25/1994
4. FEI Number: 65-3054559 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 1386	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RISNER, PAUL E. ESQ
~~1001 BAHIA STREET~~
~~SUITE 5706~~
~~JACKSONVILLE FL 32204~~
1700 S. Tamiami Trail
Doctors Gardens 209
Sarasota, FL 34239-3555

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Paul E. Risner, Esq. — Paul E. Risner — 2/17/95
(If signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent's signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	FULLER, JANE	12 NAME	Joan P. Duncan
STREET ADDRESS	2352 GLENFINNAN DRIVE	13 STREET ADDRESS	254 Hollywood Forest Dr.
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	Orange Park, Fla. 32073
TITLE	VP	21 TITLE	VP ☒ Change ☐ Addition
NAME	DUNCAN, JEAN	22 NAME	Allison Patterson
STREET ADDRESS	254 HOLLYWOOD, CR, DRIVE	23 STREET ADDRESS	4003 Julington Creek Rd
CITY-ST-ZIP	ORANGE PARK FL	24 CITY-ST-ZIP	Jacksonville, Fla. 32223
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	ARROWSMITH, GAIL	32 NAME	Terry Hackenberg
STREET ADDRESS	1571 SOUTH SHORE DRIVE	33 STREET ADDRESS	7170 Eagles Perch Drive
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	Jacksonville, Fla. 32244
TITLE	T	41 TITLE	T ☒ Change ☐ Addition
NAME	URBANO, MICHELLE	42 NAME	Lorraine Hadrys
STREET ADDRESS	4871 INCA COURT	43 STREET ADDRESS	1523 Marsh Rabbit Way
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	Orange Park, Fla. 32073
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	CLAUSEN, JANET	52 NAME	Gail Arrowsmith
STREET ADDRESS	11349 SILENT CREEK LANE	53 STREET ADDRESS	1571 South Shore Drive
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Orange Park, Fla. 32073
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	PATTERSON, ALLISON	62 NAME	Michelle Urbano
STREET ADDRESS	4003 JULINGTON CREEK ROAD	63 STREET ADDRESS	4871 Inca Court
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Orange Park, Fla. 32073

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)(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 the 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: Joan P. Duncan — 2/24/95 — 904-264-7233
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

002E437