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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42635 (5)

1. Corporation Name

SAFE ANIMAL SHELTER OF ORANGE PARK, INC.



Principal Place of Business

Mailing Address

P O BOX 1386
ORANGE PARK FL 32073
US

P. O. BOX 1386
ORANGE PARK FL 32067
US

3. Date Incorporated or Qualified

03/19/1991

3a. Date of Last Report

03/03/1995

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

RISNER, PAUL E. ESQ
1700 S TAMiami TRAIL
DOCTORS GARDENS 209
SARASOTA FL 34239

81 Name

Paul E. Risner, Esq.

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

1880 Arlington Street/Suite 210

83

Doctors Gardens

84 City

Sarasota

FL

85

Zip Code
34239-3555

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)

2/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME DUNCAN, JOAN P
STREET ADDRESS 254 HOLLYWOOD FOREST DRIVE
CITY-ST-ZIP ORANGE PARK FL

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

TITLE VP ☐ DELETE
NAME PATTERSON, ALLISON
STREET ADDRESS 4003 JULINGTON CREEK ROAD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE S ☐ DELETE
NAME HACKENBERG, TERRY
STREET ADDRESS 7170 EAGLES PERCH DRIVE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE T ☐ DELETE
NAME HADRY, LORRAINE
STREET ADDRESS 1523 MARSH RABBIT WAY
CITY-ST-ZIP ORANGE PARK FL

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

TITLE D ☐ DELETE
NAME ARROWSMITH, GAIL
STREET ADDRESS 1571 SOUTH SHORE DRIVE
CITY-ST-ZIP ORANGE PARK F

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

TITLE D ☐ DELETE
NAME URBANO, MICHELLE
STREET ADDRESS 4871 INCA COURT
CITY-ST-ZIP ORANGE PARK FL

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

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)