

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
USP. O. BOX 1386  
ORANGE PARK FL 32087-1386  
US3. Date Incorporated or Qualified  
03/19/19913a. Date of Last Report  
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

4. FEI Number

65-3054559

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RISNER, PAUL E. ESQ  
1880 ARLINGTON ST SUITE 210  
DOCTORS GARDENS  
SARASOTA FL 34239-3555

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 P DELETE  
NAME DUNCAN, JOAN P  
STREET ADDRESS 254 HOLLYWOOD FOREST DRIVE  
CITY-ST-ZIP ORANGE PARK FL1.1 TITLE P/D Change Addition  
1.2 NAME COLLINS, JEFFREY T  
1.3 STREET ADDRESS 2056 WILBY RD  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE VP DELETE  
NAME PATTERSON, ALLISON  
STREET ADDRESS 4003 JULINGTON CREEK ROAD  
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE VPD Change Addition  
2.2 NAME PATTERSON, ALLISON  
2.3 STREET ADDRESS 1578 WILD FERN DR  
2.4 CITY-ST-ZIP ORANGE PARK, FLTITLE S DELETE  
NAME HACKENBERG, TERRY  
STREET ADDRESS 7170 EAGLES PERCH DRIVE  
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE S/D Change Addition  
3.2 NAME HACKENBERG, TERRY  
3.3 STREET ADDRESS 7170 EAGLES PERCH DR  
3.4 CITY-ST-ZIP JACKSONVILLE, FLTITLE T DELETE  
NAME HADRY, LORRAINE  
STREET ADDRESS 1523 MARSH RABBIT WAY  
CITY-ST-ZIP ORANGE PARK FL4.1 TITLE T/D Change Addition  
4.2 NAME MELANIE SEIFRIED  
4.3 STREET ADDRESS 529 LAKEFIELD LN  
4.4 CITY-ST-ZIP ORANGE PARK, FL 32073TITLE D DELETE  
NAME ARROWSMITH, GAIL  
STREET ADDRESS 1571 SOUTH SHORE DRIVE  
CITY-ST-ZIP ORANGE PARK F5.1 TITLE D Change Addition  
5.2 NAME DUNCAN, JOAN P  
5.3 STREET ADDRESS 254 HOLLYWOOD FOREST DRIVE  
5.4 CITY-ST-ZIP ORANGE PARK, FLTITLE D DELETE  
NAME URBANO, MICHELLE  
STREET ADDRESS 4871 INCA COURT  
CITY-ST-ZIP ORANGE PARK FL6.1 TITLE D Change Addition  
6.2 NAME HADRY, LORRAINE  
6.3 STREET ADDRESS 1523 MARSH RABBIT WAY  
6.4 CITY-ST-ZIP ORANGE PARK, FL

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000924

CP2E037 (9/96)