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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42635 (5)
1. Corporation Name
SAFE ANIMAL SHELTER OF ORANGE PARK, INC.

Principal Place of Business P O BOX 1386 ORANGE PARK FL 32073 US	Mailing Address P. O. BOX 1386 ORANGE PARK FL 32067 US
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3. Date Incorporated or Qualified 03/19/1991	4. FEI Number 65-3054559	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**RISNER, PAUL E. ESQ
1880 ARLINGTON ST SUITE 210
DOCTORS GARDENS
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 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0503 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 *Paul E. Risner* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, JEFFREY T	
STREET ADDRESS	7056 WILEY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PATTERSON, ALLISON	
STREET ADDRESS	1578 WILD FERN DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HACKENBERG, TERRY	
STREET ADDRESS	7170 EAGLES PERCH DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SEIFRIED, MELANIE	
STREET ADDRESS	529 LAKEFIELD LN	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNCAN, JOAN P	
STREET ADDRESS	254 HOLLYWOOD FOREST DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HADRY, LORRAINE	
STREET ADDRESS	1523 MARSH RABBIT WAY	
CITY-ST-ZIP	ORANGE PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LORRAINE HADRY, LORRAINE	
1.3 STREET ADDRESS	1523 MARSH RABBIT WAY	
1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GROSS, LORNA	
3.3 STREET ADDRESS	592 CLERMONT AVE S.	
3.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	URBANO, MICHELLE	
6.3 STREET ADDRESS	4871 INCA CT.	
6.4 CITY-ST-ZIP	ORANGE PK, FL 32073	

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.

SIGNATURE: *Lorraine Hadry* **LORRAINE HADRY** 3-28-98 904-264-1284

CR2E037 (10/97)