

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90064 029 ****61.25

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DOCUMENT # N42635

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/19/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-3054559

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐ **\$5.00** May Be

Trust Fund Contribution

Added to Fees

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 ☐ DELETE**PD**
HADRY, LORRAINE
1523 MARSH RABBIT WAY
ORANGE PARK FL 32073TITLE ☒ DELETE**VPD**
PATTERSON, ALLISON
1578 WILD FERN DR
ORANGE PARK FLTITLE ☐ DELETE**SD**
GROSS, LORNA
592 CLERMONT AVE S
ORANGE PARK FL 32073TITLE ☒ DELETE**TD**
SEIFRIED, MELANIE
529 LAKEFIELD LN
ORANGE PARK FLTITLE ☒ DELETE**D**
DUNCAN, JOAN P
254 HOLLYWOOD FOREST DR
ORANGE PARK FLTITLE ☐ DELETE**D**
URBANO, MICHELLE
4871 INCA CT
ORANGE PARK FL 32073

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☐ Change ☐ Addition☒ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-99 904-264-7233

CR2E037 (1/98)