

03-05-2003 90048 048 *****61.25

DOCUMENT # N42635		55019795																																							
1. Entity Name SAFE ANIMAL SHELTER OF ORANGE PARK, INC.																																									
Principal Place of Business 1055 BARTLETT AVENUE ORANGE PARK, FL 32073 US		Mailing Address P. O. BOX 1386 ORANGE PARK, FL 32067 US																																							
2. Principal Place of Business 1605 BARTLETT AVE.		3. Mailing Address SAME																																							
City & State ORANGE PARK, FL		City & State ORANGE PARK, FL																																							
Zip 32073		Country CLAY																																							
4. FED Number 59-3054559		Applied For Not Applicable																																							
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																							
6. Name and Address of Current Registered Agent RISNER, PAUL E. ESQ 1680 ARLINGTON ST SUITE 210 DOCTORS GARDENS BARASOTA, FL 34239-3555		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																									
SIGNATURE _____																																									
(Signature, typed in printing script of registered agent and title if applicable. (If DURE Registered Agent/Signatures required when returning)																																									
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee																																									
10. OFFICERS AND DIRECTORS																																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.																																									
SIGNATURE <u>June E. Hatlestad</u> 3/3/03 904/284-8999																																									

TREASURER