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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44366** (5)

1. Corporation Name

SOUTH FLORIDA FERRET CLUB AND RESCUE, INC.

Principal Place of Business

Mailing Address

**19225 SW 93 ROAD
MIAMI FL 33157**

**PO BOX 570927
MIAMI FL 33257-0927**



3. Date Incorporated or Qualified
07/15/1991

3a. Date of Last Report
03/30/1996

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**

4. FEI Number
65-0340071

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. 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

**ESPINET, ANGELA
19225 SW 93 ROAD
MIAMI FL 33157**

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

TITLE	PD	☐ DELETE
NAME	ANGELA ESPINET	
STREET ADDRESS	19225 SW 93RD ROAD	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	V	☒ DELETE
NAME	HAWLEY, JACKIE	
STREET ADDRESS	15902 SW 92ST CTANE	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	T	☒ DELETE
NAME	NUNEZ, ARLENE	
STREET ADDRESS	11751 SW 25TH ST.	
CITY-ST-ZIP	DAVIE FL 33325	

TITLE	S	☐ DELETE
NAME	MORLANNE, JENNIFER	
STREET ADDRESS	1060 WILSHIRE CIR W.	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

TITLE	D	☐ DELETE
NAME	PANE, ROBERT DVM	
STREET ADDRESS	9501 SW 160TH ST.	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	D	☐ DELETE
NAME	LUDT, BARBARA	
STREET ADDRESS	4095 SAUNDERS RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043-8564	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	ANGELA ESPINET	
1.3 STREET ADDRESS	19225 SW 93RD ROAD	
1.4 CITY-ST-ZIP	MIAMI FL 33157	

2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	MIGALA, MARI BETH	
2.3 STREET ADDRESS	10210 SW 102ND TER.	
2.4 CITY-ST-ZIP	MIAMI FL 33176	

3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	HARRICK, JERRI	
3.3 STREET ADDRESS	15902 SW 90TH CT	
3.4 CITY-ST-ZIP	MIAMI FL 33157	

4.1 TITLE	S	☐ Change ☐ Addition
4.2 NAME	MORLANNE, JENNIFER	
4.3 STREET ADDRESS	1060 WILSHIRE CR W.	
4.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027	

5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	PANE, ROBERT DVM	
5.3 STREET ADDRESS	9501 SW 160TH ST.	
5.4 CITY-ST-ZIP	MIAMI FL 33157	

6.1 TITLE	D	☐ Change ☐ Addition
6.2 NAME	LUDT, BARBARA	
6.3 STREET ADDRESS	4095 SAUNDERS RD	
6.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043-8564	

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:

Angela Espinet

3/18/97

(305) 251-2152

CP2E037 (9/96)