## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N44366

(5)

## SOUTH FLORIDA FERRET CLUB AND RESCUE, INC.

Principal Place of Business Mailing Address							LOGITIES BET BIBES DIRED BIRED BIRED BIRED BIRED	BIBN DIDN BIBN B	INIT OF BUT 1001
19225 SW 93 ROAD			PO BOX 570927				3. Date Incorporated or Qualified		
MIAMI FL 33157			MIAMI FL 33257-0927				07/15/1991		
							4. FEI Number	A	oplied For
							65-0340071	No	ot Applicable
2. Principal Pl	lace of Busine	988	2a. Mailing Address				5. Certificate of Status Desired	\$8.75	Additional
21			26				8. Certificate of Status Desired	Fee Re	equired
Sulte, Apt.	#, etc		Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	
22			27				Trust Fund Contribution	Added to	
City & State	в		City & State				7. Is this nonprofit corporation a homeowr	ners associatio No	n?
Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible		
24	ļ.	26	29 30				Personal Property Tax due June 30.		Mo
54]		and Address of Curren		1001	—		10. Name and Address of New Registers		
	<u>-</u>			8	1	Name			
ESPINET, ANGELA			}		2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	W 93 ROAD	)			-	Ollege Addit	oss (1.0. Box Hambol is Hot Abdoptable)		
MIAMI FL 33157				8	3				
				8	↲	City		<b>85</b> Zip	Code
						•	<b>F</b>		
11. Pursuant to	to the provision	ons of Sections 617.050 ant, or both, in the State	2 and 617.1508, Florida Stal of Florida. Such change wa	tutes, the abo s authorized l	ve by	named corp the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of-changing i ppointment as	ts registered registered
agent. I a	m familiar with	n, and accept the obliga	ations of, Section 617.0503,	Florida Statut	es.		-04/14/9801070	002	
SIGNATURE _	Disabus bused	x printed name of registered ago	al and bile if angliaghie (A)	OTE: Boxislarad A		nt elemetres require	###\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
12.	Signature, typeo c	OFFICERS AND		13.	Q B I	III PIBLISIONS TOQUIN	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE	_	· · ·		Change	Addition
NAME	ANGELA	ESPINET	1.2 N		E		PD		
STREET ADDRESS 19225 SW 93RD ROAD				1.3 STREET A		AUDRESS I	ANGELA ESPINET		
CITY-ST-ZIP	MIAMI FL	. 33157		1.4 CITY	- ST		19225 SW 93RD ROAD		
TITLE	V		☐ DELETE	2.1 TITLE			MIAMI, FL 33157	✓ Change	Addition
NAME	MIGALA,	MARIBETH		2.2 NAMI	E	1	BRAITHEWAITE, KAREN		
STREET ADDRESS		W 102ND TER		2.3 STREET ADDR			12301 SW 120TH AVE		
CITY-ST-ZIP	MIAMI FL	• • • • • • • • • • • • • • • • • • • •	111 22.22	2. 4 CITY	_		MIAMI, FL 3318		1 1 1 1 1 1 1 1
TITLE	T	/ IEDDI	☐ DELETE	3.1 TITLE		!	T	☐ Change	☐ Addition
NAME	HAMRICH			3.2 NAMI			HAMRICK, JERRI		
STREET ADDRESS		W 90TH CT.					15902 SW 90TH CT		
CITY-ST-ZIP	MIAMI FL	·	☐ DELETE	3.4. CITY 4.1 TITLE			MIAMI, FL	Change	Addition
TITLE	S Modian	NE,JENNIFER		4.1 BILE		·	S INNUE MICUNEI	Olimido FE	
NAME CTREET ADDRESS		.SHIRE CIR W.					JANKE, MICHAEL		
CITY-ST-ZIP		KE PINES FL 33027		4.4 CITY			11930 SW 131ST AVE MIAMI. FL 33186		
TITLE	D	115 1 11EV 1 E 00021	<b>DELETE</b>	5.1 TITLE			MIAMI, FL 33186 D	Change	Addition
NAME	_	OBERT DVM		5.2 NAM			PANE, ROBERT DVM	_	
STREET ADDRESS		160TH ST.				1	9501 SW !¢)TH ST		
CITY-ST-ZIP	MIAMI FL			5.4 CITY		1 '	MIAMI, FL 33157		
TITLE	D		DELETE	6.1 TITLE	_		D	☐ Change	Addition
NAME	LUDT, BA	ARBARA		6.2 NAME	Ε	- 1	LUDT, BARBARA		Pε
STREET ADDRESS		UNDERS RD		6.3 STRE	ET A		4095 SAUNDERS RD		`4 <i>4</i> 3
OITY 07 710		OVE SPRINGS EL S	2042.8584	C 4 CITY	ĖТ		CDEEN COUR CDDINGC	DT 220.	42 ' '

14. Thereby 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.

CR2E037 (10/97

**FILED** 

Apr 13 1998 8:00am

Secretary of State