FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:14

DOCUMENT # N45303 (7)

1. Corporation Name

FRIENDS OF ANIMAL CONTROL FOR HENDRY COUNTY, INC

Principal Place of Business	Mailing Address
1050 KIRBY THOMPSON ROAD ALVA FL 33920	1050 KIRBY THOMPSON ROAD ALVA FL 33920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1991
3a. Date of Last Report: 02/11/1994
4. FEI Number: 65-0321205 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MURRAY, SANDRA H
~~4431 SW 40TH ST~~
~~WEST HOLLYWOOD FL 33023~~

10. Name and Address of New Registered Agent

31 Name: Same Name
32 Street Address (P.O. Box Number is Not Acceptable): 1050 Kirby Thompson Road
33
34 City: Alva FL 35 Zip Code: 33920

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, SANDRA	1.2 NAME		
STREET ADDRESS	1050 KIRBY THOMPSON RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, BRIAN J.	2.2 NAME		
STREET ADDRESS	1050 KIRBY THOMPSON RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALVA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	Same Title	☐ Change ☐ Addition
NAME	MURRAY, GREGG J.	3.2 NAME	Same name	
STREET ADDRESS	~~4431 SW 40TH ST.~~	3.3 STREET ADDRESS	1050 Kirby Thompson Road	
CITY-ST-ZIP	~~W. HOLLYWOOD FL~~	3.4 CITY-ST-ZIP	Alva, Florida 33920	
TITLE	TD	4.1 TITLE	Same Title	☐ Change ☐ Addition
NAME	MURRAY, DOUGLAS J.	4.2 NAME	Same Name	
STREET ADDRESS	~~4431 SW 40TH ST.~~	4.3 STREET ADDRESS	1050 Kirby Thompson Road	
CITY-ST-ZIP	~~W. HOLLYWOOD FL~~	4.4 CITY-ST-ZIP	Alva, Florida 33920	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sandra H. Murray Sandra H. Murray 2-2-95 813-675-1718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000013