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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45303 (7)

1. Corporation Name

FRIENDS OF ANIMAL CONTROL FOR HENDRY COUNTY, INC

Principal Place of Business

1050 KIRBY THOMPSON ROAD  
ALVA FL 33920

Mailing Address

1050 KIRBY THOMPSON ROAD  
ALVA FL 33920-95923. Date Incorporated or Qualified  
09/24/19913a. Date of Last Report  
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

65-0321205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

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

81 Name Sandra H. Murray

82 Street Address (P.O. Box Number is Not Acceptable)

1050 Kirby Thompson Rd

83

84 City Alva

FL

85 Zip Code 33920

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 Sandra H. Murray

Sandra H. Murray

Feb. 6, 1997

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 PD  
NAME MURRAY, SANDRA  
STREET ADDRESS 1050 KIRBY THOMPSON RD.  
CITY-ST-ZIP ALVA FL

DELETE

TITLE VD  
NAME MURRAY, BRIAN J.  
STREET ADDRESS 1050 KIRBY THOMPSON RD.  
CITY-ST-ZIP ALVA FL

DELETE

TITLE SD  
NAME MURRAY, GREGG J.  
STREET ADDRESS 1050 KIRBY THOMPSON RD  
CITY-ST-ZIP ALVA FL

DELETE

TITLE TD  
NAME MURRAY, DOUGLAS J.  
STREET ADDRESS 1050 KIRBY THOMPSON ROAD  
CITY-ST-ZIP ALVA FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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: Sandra H. Murray  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Feb. 6, 1997 941-675-1718  
Date Daytime Phone # 0066954

CR2E037 (9/96)