


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N45303</b> 1. Entity Name <b>FRIENDS OF ANIMAL CONTROL FOR HENDRY COUNTY, INC.</b>					
Principal Place of Business <b>1050 KIRBY THOMPSON ROAD ALVA FL 33920</b>			Mailing Address <b>1050 KIRBY THOMPSON ROAD ALVA FL 33920</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="border: 1px solid black; padding: 2px; text-align: center;">NO-T APPLICABLE</div> <div style="float: right; font-size: small;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MURRAY, SANDRA H 1050 KIRBY THOMPSON RD ALVA FL 33920</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURRAY, SANDRA 1050 KIRBY THOMPSON RD. ALVA FL <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MURRAY, BRIAN J. 1050 KIRBY THOMPSON RD. ALVA FL <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MURRAY, GREGG J. 1050 KIRBY THOMPSON RD ALVA FL <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MURRAY, DOUGLAS J. 1050 KIRBY THOMPSON ROAD ALVA FL <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 like empowered.					
<b>SIGNATURE:</b> <u>Sandra H. Murray, Sandra H Murray</u> <span style="float: right;">4-9-05 863-675-1718</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE**  
☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURRAY, SANDRA H  
1050 KIRBY THOMPSON RD  
ALVA FL 33920**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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**SIGNATURE:** Sandra H. Murray, Sandra H Murray 4-9-05 863-675-1718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #