

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90042 042 \*\*\*\*61.25

**DOCUMENT # N45303**

1. Entity 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1580 Kirby Thompson Rd

1580 Kirby Thompson Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

La Belle, FL

La Belle, FL

City & State

City & State

Zip  
33935

Country  
HENDRY

Zip  
33935

Country  
HENDRY

1st MOORE

CR2E037 (10/06)

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 SANDRA H MURRAY

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

1580 Kirby Thompson Rd

City  
La Belle

**FL**

Zip Code

33935

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 Sandra H. Murray

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 2007

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition  
NAME Sandra Murray  
STREET ADDRESS 1580 Kirby Thompson Rd  
CITY-ST-ZIP La Belle, FL 33935

TITLE VD ☐ Change ☐ Addition  
NAME Brian J. Murray  
STREET ADDRESS 1580 Kirby Thompson Rd  
CITY-ST-ZIP La Belle, FL 33935

TITLE SD ☐ Change ☐ Addition  
NAME Gregg J. Murray  
STREET ADDRESS 1580 Kirby Thompson Rd  
CITY-ST-ZIP La Belle, FL 33935

TITLE TD ☐ Change ☐ Addition  
NAME Douglas J. Murray  
STREET ADDRESS 1580 Kirby Thompson Rd  
CITY-ST-ZIP La Belle, FL 33935

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: Sandra H. Murray Sandra H. Murray Feb 22-07 863-675-1718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #