

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90016 022 \*\*\*\*61.25

**DOCUMENT #N45303**

1. Entity Name

**FRIENDS OF ANIMAL CONTROL FOR HENDRY COUNTY, INC.**



Principal Place of Business

**1580 KIRBY THOMPSON ROAD  
LABELLE FL 33935**

Mailing Address

**1580 KIRBY THOMPSON ROAD  
LABELLE FL 33935**

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

**1580 Kirby Thompson Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**1580 Kirby Thompson Rd**  
Suite, Apt. #, etc.

City & State

**LaBelle, FL**

Zip

**33935**

Country

**Hendry**

City & State

**LaBelle, FL**

Zip

**33935**

Country

**Hendry**

1st MOORE CR2E037 (10/07)

**FEID # 42-1585278**

4. FEI Number

**NO-T APPLICABLE**

Applied For

**No: Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MURRAY, SANDRA H  
1580 KIRBY THOMPSON RD  
LABELLE FL 33935**

7. Name and Address of New Registered Agent

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

*Sandra H. Murray*  
Signature, typed or printed name of registered agent and his or her employer.

(NOTE: Registered Agent Signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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 1580 KIRBY THOMPSON RD.  
CITY- ST- ZIP LABELLE FL 33935

TITLE VD ☐ Delete  
NAME MURRAY, BRIAN J.  
STREET ADDRESS 1580 KIRBY THOMPSON RD.  
CITY- ST- ZIP LABELLE FL 33935

TITLE SD ☐ Delete  
NAME MURRAY, GREGG J.  
STREET ADDRESS 1580 KIRBY THOMPSON RD.  
CITY- ST- ZIP LABELLE FL 33935

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

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

TITLE ☐ Change ☐ Addition  
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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 3-29-08 863-675-1718