

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 047 ****61.25

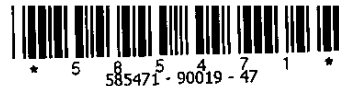
DOCUMENT # N49098 ✓

1. Corporation Name

RIVERDALE HOME FOR FURRY FRIENDS, INC.

Principal Place of Business
7700 ATLANTIC ROAD
ST. AUGUSTINE FL 32092

Mailing Address
7700 ATLANTIC ROAD
ST. AUGUSTINE FL 32092



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 7700 Atlantic Rd		26 7700 ATLANTIC RD		05/20/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		58-2003161	
City & State		City & State		Applied For	
3 ST. AUG FL		28 ST. AUG FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
4 32092		29 32092		30 DUVAL	
Country		Country		6. Election Campaign Financing	
25 DUVAL		30 DUVAL		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

SYDNOR, JANET S
7700 ATLANTIC RD.
ST. AUGUSTINE FL 32092

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 the provisions of Sections 617.0503, Florida Statutes.

SIGNATURE

Signature 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	D	1.1 TITLE	
NAME	SYDNOR, JANET S.	1.2 NAME	
STREET ADDRESS	7700 ATLANTIC RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CONNER, GLORIA J.	2.2 NAME	
STREET ADDRESS	7700 ATLANTIC RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LABAR, KATHERINE W.	3.2 NAME	
STREET ADDRESS	2690 CIMARRONE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/99
Date

904-824-8760
Daytime Phone #

CR2E037 (5/99)