

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthang Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50413 (6)
1. Corporation Name
ANIMAL FOUNDATION OF THE PALM BEACHES, INC.



Principal Place of Business 1401 W. INDIANTOWN ROAD JUPITER FL 33458	Mailing Address 1401 W. INDIANTOWN ROAD JUPITER FL 33458
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3. Date Incorporated or Qualified
08/14/1992

4. FEI Number 65-0398104	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, MINDY
1401 W. INDIANTOWN ROAD
JUPITER FL 33458**

81 Name

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

83

84 City

FL

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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mindy Cox*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-17-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, MINDY	
STREET ADDRESS	1401 INDIANTOWN ROAD	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, DAVID	
STREET ADDRESS	1401 INDIANTOWN ROAD	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERKENBLIT, MICHAEL	
STREET ADDRESS	134 US HWY 1	
CITY-ST-ZIP	N PALM BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAHAN, NADINE	
1.3 STREET ADDRESS	1401 W. INDIANTOWN ROAD	
1.4 CITY-ST-ZIP	JUPITER, FL 33458	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an attachment with an address.

SIGNATURE: *Mindy Cox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

MINDY COX

2-17-98
Date

Daytime Phone #

CR2E037 (10/97)