

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003988 (3)

1. Corporation Name

ANIMAL SHELTER FUND, INC.



Principal Place of Business

Mailing Address

**20957 BOCA RIDGE DRIVE WEST
BOCA RATON FL 33428**

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BOCA RATON FL 33428**

3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

12/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0446768

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

24

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSS, AMANDA-JAYNE
20957 BOCA RIDGE DRIVE WEST
BOCA RATON FL 33428**

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

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

(NOTE: Registered Agent signature required when reinstating)

2/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **ROSS, AMANDA-JAYNE**
STREET ADDRESS **20957 BOCA RIDGE DRIVE WEST**
CITY-ST-ZIP **BOCA RATON FL 33428**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VPT** DELETE
NAME **FISHER, JESICA-TARA**
STREET ADDRESS **11830 TIMBERS WAY**
CITY-ST-ZIP **BOCA RATON FL**

21 TITLE **VPT** Change Addition
22 NAME **DeLenge, Marianthi**
23 STREET ADDRESS **9262 Sable Ridge Circle**
24 CITY-ST-ZIP **Boca Raton, Florida 33428**

TITLE **ST** DELETE
NAME **OILL, FRANCES**
STREET ADDRESS **233 NE 14 AVE #404**
CITY-ST-ZIP **HALLANDALE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Amanda Jayne Ross

2/15/96

407-483-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amanda Jayne Ross, President

CR25037 (12/95)