

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**

**20957 BOCA RIDGE DRIVE WEST
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

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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4. FEI Number

65-0446768

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81

Name

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

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City

FL

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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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **VPT
FISHER, JESICA-TARA**
STREET ADDRESS **11630 TIMBERS WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amanda-Jayne Ross, President

2/15/96

Date

407-483-7500

Daytime Phone #

CR2E037 (12/95)