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Aug 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000004735 (7)

1. Corporation Name

PALMS WEST HUMANE SOCIETY & ANIMAL RESCUE, INC.



Principal Place of Business

Mailing Address

16394 E. CALDER DR.  
LOXAHATCHEE FL 33420

16394 E. CALDER DR.  
LOXAHATCHEE FL 33470-4140

3. Date Incorporated or Qualified  
10/19/1993

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

*Beatrice J. Dore*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ~~DORE, CHARLES H~~  
STREET ADDRESS 16394 E. CALDER DR.  
CITY-ST-ZIP LOXAHATCHEE FL

1.1 TITLE *DIRECTOR* ☒ Change ☐ Addition

1.2 NAME *ANNE THOMAS*  
1.3 STREET ADDRESS *8238 SANDPOINT BLVD*  
1.4 CITY-ST-ZIP *ORLANDO, FL 32819*

TITLE AD ☐ DELETE

NAME DORE, CHARLES H III  
STREET ADDRESS ~~3216 BREEZE COVE LN.~~  
CITY-ST-ZIP ~~ORLANDO FL~~

2.1 TITLE *AD* ☒ Change ☐ Addition

2.2 NAME *DORE, CHARLES H III*  
2.3 STREET ADDRESS *8238 SANDPOINT BLVD*  
2.4 CITY-ST-ZIP *ORLANDO, FL 32819*

TITLE D ☐ DELETE

NAME GENARD, BEATRICE  
STREET ADDRESS 3902 SABLE SPRINGS BLVD.  
CITY-ST-ZIP N. FT. MYERS 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

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14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE

*Beatrice J. Dore*

7/25/97 501

CR2E037 (9/96)