


FILE NOW: FILING FEE IS \$1.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N94000007114</u> 1. Corporation Name: <u>Florida Animal League</u>			
Principal Place of Business <u>1950 44th Ave</u> <u>Vero Beach, FL 32966</u>		Mailing Address <u>1950 44th Ave</u> <u>Vero Beach, FL 32966</u>	
2. Principal Place of Business 21. <u>Same</u> Suite, Apt. #, etc.: 22. <u>1950 44th Ave</u> City & State: 23. <u>Vero Beach, FL</u> Zip: 24. <u>32966</u>		2a. Mailing Address 26. <u>Same</u> Suite, Apt. #, etc.: 27. <u>1950 44th Ave</u> City & State: 28. <u>Vero Beach, FL</u> Zip: 29. <u>32966</u>	
3. Date Incorporated or Qualified <u>2/28/94</u>		3a. Date of Last Report <u>?</u>	
4. FEI Number <u>59 3225738</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <u>Vickie Borden</u> <u>142 N Indian Circle</u> <u>Cocoa FL 32922</u>		10. Name and Address of New Registered Agent 81. Name: <u>Slane Winnett</u> 82. Street Address (P.O. Box Number is Not Acceptable): <u>1950 44th Ave</u> 83. <u>Vero Beach</u> 84. City: <u>FL</u> 85. Zip Code: <u>32966</u>	
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: <u>[Signature]</u> DATE: <u>3/18/97</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <u>FD</u> 1.2 NAME: <u>David Winnett</u> <input type="checkbox"/> DELETE 1.3 STREET ADDRESS: <u>11360 W Broadstream</u> 1.4 CITY-STATE-ZIP: <u>St Cloud, FL 34773</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE: <u>SD</u> 2.2 NAME: <u>Slane Winnett</u> <input type="checkbox"/> DELETE 2.3 STREET ADDRESS: <u>1950 44th Ave</u> 2.4 CITY-STATE-ZIP: <u>Vero Beach, FL 32966</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE: <u>TD</u> 3.2 NAME: <u>Heather Randolph</u> <input type="checkbox"/> DELETE 3.3 STREET ADDRESS: <u>516 E Lincoln Ave</u> 3.4 CITY-STATE-ZIP: <u>Melbourne FL 32901</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE: <u></u> <input type="checkbox"/> DELETE 4.2 NAME: <u></u> 4.3 STREET ADDRESS: <u></u> 4.4 CITY-STATE-ZIP: <u></u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE: <u></u> <input type="checkbox"/> DELETE 5.2 NAME: <u></u> 5.3 STREET ADDRESS: <u></u> 5.4 CITY-STATE-ZIP: <u></u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE: <u></u> <input type="checkbox"/> DELETE 6.2 NAME: <u></u> 6.3 STREET ADDRESS: <u></u> 6.4 CITY-STATE-ZIP: <u></u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address. SIGNATURE: <u>[Signature]</u> DATE: <u>3/18/97</u> <small>Signature and typed or printed name of signing officer or director</small>			

CR2E037 (9/96)