FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -2 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000001756

1. Corporation Name

St Francis Homes For Abused Animals, Inc.

Principal Place of Business	Mailing Address
212 Timberlane Dr. Palm Harbor, FL 34683	212 Timberlane Dr. Palm Harbor, FL 34683

3. Date Incorporated or Qualified: April 8, 1994
3a. Date of Last Report:
4. FEI Number: 59-3266260 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) County (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) County (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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name: Cecilia Wolff
82 Street Address (P.O. Box Number is Not Acceptable): 212 Timberlane Drive
83
84 City: Palm Harbor **FL** 85 Zip Code: 34683

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Cecilia Wolff Cecilia Wolff President Cecilia Wolff April 19/1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY ST ZIP	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP ☒ Change ☐ Addition DPVTS Cecilia Wolff 212 Timberlane Drive Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY ST ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP ☐ Change ☒ Addition D Margery K. Smith 9229 Wood Drive Hudson, FL 34667
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP ☐ Change ☒ Addition D Lorette Farmer 4027 Bluff Oak Court Palm Harbor, FL 34684
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP ☐ Change ☐ Addition 1
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP ☐ Change ☐ Addition Mrs 5-1-96
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP ☐ Change ☐ Addition

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)(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: Cecilia Wolff Cecilia Wolff April 19/1995 (813)938-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #