

**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 # **N94000004779 (4)**  
1. Corporation Name

**HEARTS, HANDS AND HOOFS OF NORTHEAST FLORIDA, INC.**



Principal Place of Business  
**2599 SUNRIDGE COURT  
ORANGE PARK FL 32065**

Mailing Address  
**2599 SUNRIDGE COURT  
ORANGE PARK FL 32065**

3. Date Incorporated or Qualified  
**09/26/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **9200 Plummer Road**

2a. Mailing Address

4. FEI Number  
**59-3276526**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Jacksonville Fla**

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32219** 25 **U.S.A.**

29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOWLER, KIM  
2599 SUNRIDGE COURT  
ORANGE PARK FL 32065**

81 Name

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

**700001777917  
-04/12/96--01016--008**

84 City

**\*\*\*61.25**

**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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REED-DEGRYSE, PAIGE</b>	
STREET ADDRESS	<b>298 CROOKED RIDGE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FIORE, MICHAEL D.O.</b>	
STREET ADDRESS	<b>3727 ALADDIN ACRES DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>FREDRICO, ELISABETH</b>	
STREET ADDRESS	<b>3615 OAK STREET</b>	<b>32205</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, JOANNE C</b>	
STREET ADDRESS	<b>1927 RAYER ROAD</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TAYLOR, MICHAEL</b>	
STREET ADDRESS	<b>574 PINE FOREST DRIVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TOMLINSON, SANDY</b>	
STREET ADDRESS	<b>RT 2 BOX 748 N/A</b>	
CITY-ST-ZIP	<b>LAWTEY FL</b>	

1.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DAVID A Fowler</b>	
1.3 STREET ADDRESS	<b>2599 Sunridge Ct</b>	
1.4 CITY-ST-ZIP	<b>Orange Park, FL 32065</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Mr. Arthur Santorios</b>	
2.3 STREET ADDRESS	<b>1845 Orange Picker Rd</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32223</b>	
3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Mrs. Sandra Nasca</b>	
3.3 STREET ADDRESS	<b>299 South Roscoe Blvd</b>	
3.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	
4.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Mrs. Darlene Music</b>	
4.3 STREET ADDRESS	<b>Route 4 Box 1075</b>	
4.4 CITY-ST-ZIP	<b>Callahan, FL 32011</b>	
5.1 TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Mrs Kim Fowler</b>	
5.3 STREET ADDRESS	<b>2599 Sunridge Court</b>	
5.4 CITY-ST-ZIP	<b>Orange Park, FL 32065</b>	
6.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Dr. Alan D. Welaow D.V.M.</b>	
6.3 STREET ADDRESS	<b>3750 Riverside Ave</b>	
6.4 CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	

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:

*Kim Fowler* Kim Fowler

4-9-96 (904) 276-7250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

SG-41-11-96

CR2E037 (12/95)