

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 HOOFES OF NORTHEAST FLORIDA, IN
C.



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

2a. Mailing Address

21 9200 Plummer Road

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

JACKSONVILLE FLA

28 City & State

24 32219 25 U.S.A.

29 Zip

30 Country

4. FEI Number

59-3276526

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

FOWLER, KIM
2599 SUNRIDGE COURT
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 Name

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

700001777917

83

-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

TITLE D
NAME REED-DEGRYSE, PAIGE
STREET ADDRESS 298 CROOKED RIDGE
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE D
NAME FIORE, MICHAEL D.O.
STREET ADDRESS 3727 ALADDIN ACRES DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ST
NAME FREDRICO, ELISABETH
STREET ADDRESS 3615 OAK STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D
NAME MILLER, JOANNE C
STREET ADDRESS 1927 RAYER ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D
NAME TAYLOR, MICHAEL
STREET ADDRESS 574 PINE FOREST DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE P
NAME TOMLINSON, SANDY
STREET ADDRESS RT 2 BOX 746 N/A
CITY-ST-ZIP LAWTEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer
1.2 NAME DAVID A Fowler
1.3 STREET ADDRESS 2599 Sunridge Ct
1.4 CITY-ST-ZIP Orange Park, FL 32065

2.1 TITLE Director
2.2 NAME Mr. Arthur Santorinos
2.3 STREET ADDRESS 1845 Orange Picker Rd
2.4 CITY-ST-ZIP Jacksonville, FL 32223

3.1 TITLE Director
3.2 NAME Mrs. Sandra Nasca
3.3 STREET ADDRESS 299 South Roscoe Blvd
3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

4.1 TITLE Director
4.2 NAME Mrs. Darlene Music
4.3 STREET ADDRESS Route 4 Box 1075
4.4 CITY-ST-ZIP Callahan, FL 32011

5.1 TITLE M
5.2 NAME Mrs Kim Fowler
5.3 STREET ADDRESS 2599 Sunridge Court
5.4 CITY-ST-ZIP Orange Park, FL 32065

6.1 TITLE V
6.2 NAME Dr. Alan D. Welaow D.V.M.
6.3 STREET ADDRESS 3750 Riverside Ave
6.4 CITY-ST-ZIP Jacksonville, FL 32205

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

Date

Daytime Phone #

SG 41-11-96

CR2E037 (12/95)