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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000006297

1. Corporation Name

THE NATIONAL SAVE-A-PET FOUNDATION, INC.

Principal Place of Business

120 OLIVE AVE. SOUTH  
306  
WEST PALM BEACH FL 33401  
US

Mailing Address

120 OLIVE AVE. SOUTH  
306  
WEST PALM BEACH FL 33401  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 301  
23 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 301  
28 City & State

3. Date Incorporated or Qualified  
12/23/1994

4. FEI Number  
65-0572604

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

24 Zip 33401-5532 25 Country

29 Zip 33401-5532 30 Country

9. Name and Address of Current Registered Agent

SHAPERO, BERTRAM  
120 OLIVE AVE. SOUTH  
STE. 306  
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  DELETE  
NAME MAXWELL, GERTRUDE G  
STREET ADDRESS 1473 N OCEAN BLVD  
CITY-ST-ZIP PALM BEACH FL  
TITLE D  DELETE  
NAME PRAT, GENE  
STREET ADDRESS P.O. BOX 1 N/A  
CITY-ST-ZIP KENTFIELD CA 94914  
TITLE D  DELETE  
NAME MCATEE, TIMOTHY K  
STREET ADDRESS 130 SANTA ANA AVE  
CITY-ST-ZIP SAN FRANCISCO CA  
TITLE S  DELETE  
NAME SANDOVAL, INA  
STREET ADDRESS 1412 CREST DR  
CITY-ST-ZIP LAKE WORTH FL  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Gertrude Maxwell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/99

(561) 8326660

Date

Daytime Phone #

CR2E037 (1/198)