**FILE NOW: FILING FEE IS $61.25**

FILED
May 13 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 # **N95000000482 (8)**

1. Corporation Name
**NETWORK OF HUMANE ORGANIZATIONS OF FLORIDA, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 640066<br>BEVERLY HILLS FL 34464-0066 | PO BOX 640066<br>BEVERLY HILLS FL 34464-0066 |

3. Date Incorporated or Qualified: 02/01/1995
3a. Date of Last Report: 01/29/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 P.O. Box 678086 | 26 P.O. Box 678086 |
| Suite, Apt. #, etc.<br>22 — | Suite, Apt. #, etc.<br>27 — |
| City & State<br>23 ORLANDO, FL | City & State<br>28 ORLANDO, FL |
| Zip / Country<br>24 32867-8086 25 USA | Zip / Country<br>29 32867-8086 30 USA |

4. FEI Number: 59-3297626 ☐ 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**

KERSHNER, A P
3590 N. WILLOW TREE PT.
BEVERLY HILLS FL 34465

**10. Name and Address of New Registered Agent**

81 Name: LISA A. LOVELL
82 Street Address (P.O. Box Number is Not Acceptable): 484 VALENCIA PLACE CIRCLE
83
84 City: ORLANDO FL 85 Zip Code: 32825

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: Lisa A. Lovell, President and Executive Director 3/31/97
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 | PD<br>KERSHNER, A P<br>3590 N WILLOWTREE POINT<br>BEVERLY HILLS FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>LOVELL, LISA A.<br>484 VALENCIA PLACE CIRCLE<br>ORLANDO, FLA 32825 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTD<br>ALBER, EUGENE W<br>40 NW FLORIDA AVE<br>BEVERLY HILLS FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VD<br>LENTZ, MARTHA<br>1210 EATON AVENUE<br>ORLANDO, FLA 32804 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MOORE, JAMES H<br>3590 N WILLOWTREE POINT<br>BEVERLY HILLS FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | STD<br>NICKERSON, ROXANNE<br>903 BAIO COURT<br>ORLANDO, FLA 32825 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/96)

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:** Lisa A. Lovell President/Exec. Director 3/31/97 (407) 345-2435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065460