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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
P.O BOX 678086 ORLANDO FL 32867-8086 US	P.O BOX 678086 ORLANDO FL 32867-8086 US

3. Date Incorporated or Qualified: 02/01/1995

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No N/A

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 677506	26 P.O. Box 677506
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO, FLA	28 City & State: ORLANDO, FLA
24 Zip: 32867-7506 25 Country: U.S.A.	29 Zip: 32867-7506 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

LOVELL, LISA A
484 VALENCIA PLACE CIRCLE
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name: JUDY SARULLO A/K/A JUDY BURKE
82 Street Address (P.O. Box Number Is Not Acceptable): 7814 MONTEZUMA TRAIL
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: Judith Sarullo JUDITH SARULLO, PRESIDENT, EXECUTIVE DIRECTOR 3/31/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) REGISTERED AGENT

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOVELL, LISA A 484 VALENCIA PLACE CIRCLE ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JUDY SARULLO A/K/A JUDY BURKE 7814 MONTEZUMA TRAIL ORLANDO, FLA 32825	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LENTZ, MARTHA 1210 EASTIN AVE ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD LISA A. LOVELL 484 VALENCIA PLACE CIRCLE ORLANDO, FLA 32825	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NICKERSON, ROXANNE 9103 BRAD CT ORLANDO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD TIM BURKE 7814 MONTEZUMA TRAIL 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 (10/97)

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.

SIGNATURE: Judith Sarullo JUDITH SARULLO, PRESIDENT, EXECUTIVE DIRECTOR 3/31/98 (407)382-5991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #