FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N95000005014 (4) DOCUMENT #
1. Corporation Name

ABS GUIDE DOGS, INC.

Mailing Address

3849 OAKWATER CIRCLE

Principal Place of Business

3849 OAKWATER CIRCLE

FILED Feb 06 1997 8:00am Secretary of State



- COLANDO EL 3	2905	ORLANDO FL 32806-6264	4			Į.			
					3. Date Incorporated or Qualified 10/23/1995	fied 3s. Date of Last Report 02/09/1996			
	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21 26						59-3556474		No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
I City & State	9	City & State			······································	6. Election Campaign Financing		\$5.00	May Ra
23		28				Trust Fund Contribution		Added t	
Zip	Country	Ζιρ	Cou	intry		8. This corporation has liability for i	ntangible t	ax under s.	199.032,
24	25	29	30					No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
				81	Name				
BOUCHARD, BRENDA					82 Street Address (P.O. Box Number is Not Acceptable)				
3849 OAKWATER CIRCLE									
ORLAND	OO FL 32805			83					
				84	City		FL	85 Zip (Code
11 Purculant I	to the provisions of Sections 617.05	02 and 617 1509. Florida State	lites the n	how	a-named corr	voration submits this statement for the n		changing it	e renietered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was sations of, Section 617,0503, F	s authorize Florida Stal	id by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	the appo	ointment as	registered
SIGNATURE	The stand man manager and and	ya i a ina mili mammini mili mangali k			•				
	Signature, typed or printed name of registered ag			kd Age	ent signature requi	red when reinslating)	DATE		
12.		ID DIRECTORS	13.		т т	ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	
TITLE	D DAME WE DAME	DELETE	1.5 11					□ Change	Addition Addition
NAME	CARR, W. DAVID	•	1.2 N						
STREET ADDRESS	5033 PLEASURE ISLAND RD				ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32829	DELETE			T-ZIP			Change	Addition
TITLE	D CADD NELL M	וון טבננונ	2.1 T					change	L ADDIIION
NAME ATRICT LABORESA	CARR, NELL M 12232 CONNECTICUT WOO	ne et	2.2 N		1000000				
STREET ADDRESS		D9 CI			ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32824	DELETE			ST-ZIP		·····	Change	Addition
TITLE	DOLLOUADD DDENDA	☐ OFFEIR	3.1 Ti					The country	- Addition
NAME	BOUCHARD, BRENDA		3.2 N						
STREET ADDRESS	740 CRESTVIEW DR				ADORESS				
CITY-ST-ZIP	CASSELBERRY FL 32707	DELETE			ST-ZIP			Change	Addition
TITLE		L DELETE	4.1 1					- Granya	- Addition
NAME				VAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 C		ST-ZIP			Change	Addition
TITLE		☐ bereit			1			visity	Land AUGURUN
NAME Oxera Append			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T briese			ST-ZIP			Charac	
TITLE		DELETE	6.1 T					Change	Addition
NAME			6.2 N						
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			6.4 C	HTY-S	ST-ZIP				

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.