

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000609 (5)

1. Corporation Name

MONROE COUNTY SHERIFF'S ANIMAL FARM, INC.

Principal Place of Business

**5501 COLLEGE RD
KEY WEST FL 33040**

Mailing Address

**5501 COLLEGE RD
KEY WEST FL 33040**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MILLS, PAUL S.
601 DUVAL ST. SUITE 4
KEY WEST FL 33040**

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

65-0674473

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

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, am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Paul S. Mills **Paul S. Mills**

4/30/98

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 **D** ☒ DELETE

NAME **BRANCISCO, LARRY**
STREET ADDRESS **1842 MITSCHER DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☒ DELETE

NAME **FRUTH, MEL**
STREET ADDRESS **415 CACTUS DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☐ DELETE

NAME **MILLS, PAUL**
STREET ADDRESS **601 DUVAL ST. SUITE 4**
CITY-ST-ZIP **KEY WEST FL**

TITLE **Paul Davis TRUSTEE** ☐ DELETE

NAME **3501 College Road**
STREET ADDRESS **Key West, FL 33040**
CITY-ST-ZIP

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

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*******61.25 *****61.25**

TRUSTEE
ROBERTA HAFENBRACK
29138 PALM AVE
BIG PINE KEY, FL 33043

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: *Paul S. Mills* **Paul S. Mills**

4/30/98

(306) 294-3699

CR2E037 (10/97)