

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90211 039 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N96000000609**

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

573119-90028-23



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/05/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0674473	
24 Country		29 Country		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

Deana Rogowski  
 5501 College Rd.  
 Key West, FL 33040

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

*Paul S. Miller*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELE	1.1 TITLE	Change Addition
NAME	Deana Rogowski	1.2 NAME	
STREET ADDRESS	5501 College Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Key West, FL 33040	1.4 CITY-ST-ZIP	
TITLE	DELE	2.1 TITLE	Change Addition
NAME	DAVIS, PAUL	2.2 NAME	
STREET ADDRESS	5501 COLLEGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TITLE	DELE	3.1 TITLE	Change Addition
NAME	Towanda H. Scott	3.2 NAME	
STREET ADDRESS	5501 College Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Key West, FL 33040	3.4 CITY-ST-ZIP	
TITLE	DELE	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 118.07(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:

SIGNATURE REQUIRED

Deana Rogowski

5/7/99 - (305) 293-7331

CR2E037 (11/98)