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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sand& B. MoAham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF C DOCUMENT # N9600001502 (1)

ST. PETERSBURG ANIMAL RESCUE ORGANIZATION, INC.

## FILED Jul 01 1997 8:00am Secretary of State

Principal Place of Business  3827 17TH STREET NORTH ST. PETERSBURG FL 33714	Mailing Address  3827 17TH STREET NORTH ST. PETERSBURG FL 3371	1		
			3. Date Incorporated or Qualified 3 03/19/1996	a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21 Sulta Ant # ata	Suite, Apt. #, etc.		65-0651522	Not Applicable
Sulte, Apt. #, etc.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<u></u>	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	
Zip Country	Zip	Country	8. This corporation has liability for intan	
24 25	29	30	Florida Statutes Ye	· = · ·
9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Registe	ereo Agent
HARLAND, RICHARD A JR 3827 17TH STREET NORTH ST. PETERSBURG FL 33714		83 84 City	dress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.050. office or registered agent, or both, in the State agent. I am familiar with, and accept the oblige SIGNATURE  Signature. typed or printed name of registered age  12. OFFICERS AND TITLE PRESIDENT COLORS NAME RICHARD A. HARLAND STREET ADDRESS 3827 7746 ST. N	nt and tille il applicable. (NOT D DIRECTORS	E: Registered Agent signature required.  13. 1.1 TIFLE		ATE
CITY-ST-ZIP ST. Petersonag,	FC 33714	1.4 CITY+ST-ZIP		
TITLE VICE PRESIDENT TO DAME  NAME ANTHONY R. BENN STREET ADDRESS 3827 17th STIM CITY-ST-ZIP ST. Perces burg F	DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
TITLE Member - AT- Large NAME JOACHIM PANTELLI. STREET ADDRESS 1450 12 6015-TO CITY-ST-ZIP CIARMATER FL.	BAY BLUT D	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		4.4 CITY - \$1 - 2IP		
TITLE NAME STREET ADDRESS	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS  CITY-ST-ZIP		6.4 CITY-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.

4/24/9