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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

N96000002717 (4)

HOPE FOR HOMELESS ANIMALS, INC.

Principal Place of Business

Mailing Address

ON ALM SERTLE ALCOHULT

## **FILED** May 15 1997 8:00am Secretary of State

|--|--|--|

| PLANTATION FL 33325                 |  | PLANTATION FL 33325-1416  |  |   |  |   |                                   |
|-------------------------------------|--|---|--|---|--|---|-----------------------------------|
|                                     |  | •   | -                                      |   | 3. Date Incorporated or Qualified 05/15/1996   | 3a. Date of Las                         | Report                            |
| 2. Principal Pi                     | lace of Business   | 2a. Mailing Address   |  |   | 4. FEI Number  | -                                       | Applied For                       |
| 21 4064                             | NETTE ELLMAN   | 28 C/6 LYNETTE  | ELL                                    | MAN   |  |   | Not Applicable                    |
| 22 <b>720</b> 4                     | WEST HINAB RD  | 26 Ch LYNETTE<br>Suite, Apt. #, etc.<br>27 730 WEST   | Her                                    | JAB RO  | 5. Certificate of Status Desired   |   | 5 Additional<br>Required          |
| City & State                        | LAUDERDALE FL  | City & State  |  |   | Election Campaign Financing     Trust Fund Contribution                                |   | May Be                            |
| Zip<br>24 333 C                     |  | Zip<br>29 33309   | 30 C                                   | ntry<br>1. 5. A                               |  | Yes I No                                | r s. 199.032,                     |
|                                     | 9. Name and Address of Current   | t Registered Agent  |  |   | 10. Name and Address of New Re   | pistered Agent                          |                                   |
|                                     |  |   |  | 81 Name El                                    | LLMAN LYNETTE  | :                                       |                                   |
| ,                                   | , lynette  |   |  | 82 Street Add                                 | ress (P.O. Box Number is Not Acceptab  | le) a                                   |                                   |
|                                     | '. 118TH AVENUE  |   |  | 1/20  | WEST MCNAB   | KD                                      |                                   |
| PLANTA1                             | TION FL 33325  |   | l                                      | 63  |  | •                                       |                                   |
|                                     |  |   |  | 84 City                                       |  | A5 Z                                    | p Code                            |
|                                     |  |   | į                                      | FT  | LAUDERDALE   | FL   ~   3                              | 3309                              |
| 11. Pursuant office or reagent. Fai | to the provisions of Sections 617.0502<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga | 2 and 617.1508, Florida Statut<br>of Florida. Such change was a<br>utions of, Section 617.0503, Flo | es, the at<br>authorized<br>orida Stat | cove-named corp<br>d by the corporal<br>utes. | poration submits this statement for the p<br>tion's board of directors. I hereby accep | urpose of changin-<br>t the appointment | g its registered<br>as registered |
| SIGNATURE                           |  |   |  |   |  |   | .,                                |
|                                     | Signature, typod or printed name of registered ager  |   |  | d Agent eignature requi                       | red when reinstating)  ADDITIONS/CHANGES TO OFFIC                                      | DATE                                    | ODC IN 10                         |
| 12.                                 | OFFICERS AND   | DELETE  | 13.<br>13 TO                           | n   |  |   |                                   |
|                                     | ELLMAN, LYNETTE  | La Decent   | 1.2 N/                                 | Z   | PLMAN LYNETTE<br>30, WEST MINAB  |   | e La recilion                     |
| NAME                                | 991 N.W. 118TH AVENUE  |   |  | REET ADDRESS 7                                | 20 WEST MINAR  | KORD,                                   |                                   |
| STREET ADDRESS                      |  |   |  |   | T. LAUDERDALE F.   |   | 0                                 |
| CITY-ST-ZIP                         | PLANTATION FL 33325  | DELETE  |  |   |  | P Chanc                                 | e Addition                        |
| TITLE                               | VD   |   | 2.1 7(1                                |   | SHA DEBRA<br>160 SW 47H AVE  | C.J Gland                               | י. ביי                            |
| NAME                                | OSHA, DEBRA  |   | 2.2 N/                                 | ME /  | 160 SW 47# AVE   |   |                                   |
| STREET ADDRESS                      | 991 N.W. 118TH AVENUE  |   | 1                                      | 10  | LANTATION FL 33  | 3/8                                     |                                   |
| CITY-SI-ZIP                         | PLANTATION FL 33325  | DELETE  | _                                      |   | <del></del>  | Chang                                   | e Addition                        |
| TITLE                               | STD  | . DELETE  | 3.1 Til                                | և   <b>Հ</b> Հ                                | TD HANDLER DEBRA   | FIRST CHARL                             | Addition [ Addition               |
| NAME                                | CHANDLER, DEBRA  |   | 3.2 N/                                 | WE C  | 750 SW 22 nd CT  | •                                       |                                   |
| STREET ADDRESS                      | 991 N.W. 118TH AVENUE  |   |  | مرسا  | AUIE FL 33325  |   |                                   |
| CITY-ST-ZIP                         | PLANTATION FL 33325  | l protes  |  |   | HUIE PL 55523  | Chan                                    | a   Letdition                     |
| TITLE                               |  | ☐ DELEȚE  | 4.1 TO                                 |   |  | Chang                                   | e Addition                        |
| NAME                                |  | •   | 4. 2 N                                 |   |  |   |                                   |
| STREET ADDRESS                      |  |   |  | REET ADDRESS                                  |  |   |                                   |
| CITY-ST-ZIP                         |  | ☐ DELETE  |  | TY-ST-ZIP                                     |  | Chang                                   | e Addition                        |
| TITLE                               |  | L_ DELETE   | 5.1 T(                                 | Į.  |  | ∟ chan≰                                 | E NOUIDON                         |
| NAME                                |  |   | 5.2 N/                                 |   |  |   |                                   |
| STREET ADDRESS                      |  |   |  | REET ADDRESS                                  |  |   |                                   |
| CiTY-ST-ZIP                         | 7,014  | T DELETE  |  | TY-ST-ZIP                                     |  | T 1 05                                  | a Iddilaa                         |
| TITLE                               |  | ☐ DÉLETE  | 6.1 Tr                                 |   |  | Chang                                   | e Addition                        |
| NAME                                |  |   | 6.2 N/                                 |   |  |   |                                   |
| STREET ADDRESS                      |  |   |  | REET ADORESS                                  |  |   |                                   |
| CITY-\$1-2IP                        |  |   | 6.4 CI                                 | TY-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.

SIGNATURE: