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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90191 034 \*\*\*\*61.25

DOCUMENT # N96000002717

1. Corporation Name

HOPE FOR HOMELESS ANIMALS, INC.

Principal Place of Business

C/O LYNETTE ELLMAN  
730 WEST MCNAB RD  
FT. LAUDERDALE FL 33309  
US

Mailing Address

C/O LYNETTE ELLMAN  
730 WEST MCNAB RD  
FT. LAUDERDALE FL 33309  
US



2. Principal Place of Business

21 621 SW 2nd AVE

Suite, Apt. #, etc.

22

City & State

23 FT LAUDERDALE FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 621 SW 2nd AVE

Suite, Apt. #, etc.

27

City & State

28 FT LAUDERDALE FL

Zip

29 33301

Country

30 USA

3. Date Incorporated or Qualified

05/15/1996

4. FEI Number

65-0746362

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

9. Name and Address of Current Registered Agent

ELLMAN, LYNETTE  
621 SW 2ND AVE  
FT LAUDERDALE FL 33301

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

SIGNATURE

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 ☐ DELETE

NAME PD ELLMAN, LYNETTE

STREET ADDRESS 621 SW 2ND AVE

CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME VD CLARKSON, BRUCE

STREET ADDRESS 2425 TORTUGAS LANE

CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME STD CHANDLER, DEBRA

STREET ADDRESS 4750 S.W. 22ND CT

CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Katherine Harris  
2/10/99 (954) 584-6384

CR2E037 (1/1/98)