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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004906
1. Corporation Name

HELPING PAWS HUMANE SOCIETY, INC.

Principal Place of Business
4407 Teka Lane
St. Cloud, Florida 34772

Mailing Address
Same as principal

3. Date Incorporated or Qualified 9/20/96
2a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Subs. Apt. #, etc.

2a. Subs. Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FCI Number 59-3407935

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Donna S. Clapp
4407 Teka Lane
St. Cloud, Florida 34772

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

06 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and file # applicable

(NOTE: Registered Agent structure optional when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P/T DELET

11 TITLE

NAME Donna S. Clapp

12 NAME

STREET ADDRESS 4407 Teka Lane

13 STREET ADDRESS

CITY-ST-ZIP St. Cloud, Florida 34772

14 CITY-ST-ZIP

TITLE D/VP/S DELET

21 TITLE

NAME Ann D. Love

22 NAME

STREET ADDRESS 813 Jamaico Boulevard

23 STREET ADDRESS

CITY-ST-ZIP Orlando, Florida 32803

24 CITY-ST-ZIP

TITLE D DELET

31 TITLE

NAME Al Sturzenegger

32 NAME

STREET ADDRESS 4408 Teka Lane

33 STREET ADDRESS

CITY-ST-ZIP St. Cloud, Florida 34772

34 CITY-ST-ZIP

TITLE DELET

41 TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE DELET

51 TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE DELET

61 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.03(1), 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. I am an officer or director of the corporation or the receiver or trustee empowered to submit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann D. Love* Ann D. Love, Vice President

(407) 345-6751

CS
5/19/97