

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90004 030 ****61.25

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DOCUMENT # N97000000673

1. Corporation Name

LOVE FOR LIFE ANIMAL HAVEN, INC.

99172 - 90004 - 30

Principal Place of Business

3765 GOLDSMITH RD
BROOKSVILLE FL 34602

Mailing Address

3765 GOLDSMITH RD
BROOKSVILLE FL 34602



2. Principal Place of Business

21 11716 W. Fig Tree
Suite, Apt. #, etc.

2a. Mailing Address

26 11716 W. Fig Tree
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

City & State

23 Crystal River Florida

City & State

28 Crystal River Florida

24 34428 25 USA

29 34428 30 USA

9. Name and Address of Current Registered Agent

MORALES, SYLVIA
3765 GOLDSMITH RD
BROOKSVILLE FL 34602

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

Sylvia Morales

1-5-98

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 D ☐ DELETE

NAME FRASER, PAVANE M
STREET ADDRESS 3765 GOLDSMITH RD
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE D ☐ DELETE

NAME RIPPEE, PETER
STREET ADDRESS 1070 NEW MORNING RD
CITY-ST-ZIP CAMANO ISLANDS WA 98292

TITLE PED ☐ DELETE

NAME MORALES, SYLVIA
STREET ADDRESS 3765 GOLDSMITH RD
CITY-ST-ZIP BROOKSVILLE FL 34602

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 PAVANE M FRASER
1.3 STREET ADDRESS 3765 GOLDSMITH RD
1.4 CITY-ST-ZIP BROOKSVILLE FL 34602

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME STEPHAN PHILLIPS
2.3 STREET ADDRESS 3765 GOLDSMITH RD
2.4 CITY-ST-ZIP BROOKSVILLE FL 34602

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia Morales 1-5-98 7950516

Date

Daytime Phone #

CR2E037 (11/98)