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**FILED**

**May 14 1998 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # N97000001026 (0)**

1. Corporation Name

**ANIMALS FROM THE ARK, HUMANE SOCIETY INCORPORATE  
D**



Principal Place of Business

Mailing Address

**730 BONNIE CIRCLE  
MELBOURNE FL 32901**

**730 BONNIE CIRCLE  
MELBOURNE FL 32901**

3. Date Incorporated or Qualified

**02/24/1997**

4. FEI Number

**59-3434820**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 478 Ballard Drive**

**26 478 Ballard Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 8**

**27 Suite 8**

City & State

City & State

**23 Melbourne, FL**

**28 Melbourne, FL**

Zip

Country

Zip

Country

**24 32935**

**25 USA**

**29 32935**

**30 USA**

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, BONNIE  
730 BONNIE CIRCLE  
MELBOURNE FL 32901**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
NAME **RASMUSSEN, CHRISTOPHER**  
STREET ADDRESS **401 E. NEW HAVEN AVE**  
CITY-ST-ZIP **MELBOURNE FL 32901**

1.1 TITLE **Director & Vice Pres.**  Change  Addition  
1.2 NAME **Cheryl L. Davis**  
1.3 STREET ADDRESS **5800 N. Banana Rvr. Blvd. #113**  
1.4 CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE **D**  DELETE  
NAME **BACSKAY, EVELYN**  
STREET ADDRESS **170 BUZBY ST S.E.**  
CITY-ST-ZIP **PALM BAY FL 32909**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **HEFNER, SANDY**  
STREET ADDRESS **1515 S. ATLANTIC AVE #201**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

3.1 TITLE **Director & Treasurer**  Change  Addition  
3.2 NAME **290 Paradise Blvd. #89**  
3.3 STREET ADDRESS **Indiatlantic, FL 32903**  
3.4 CITY-ST-ZIP **Gloria King**

TITLE **P**  DELETE  
NAME **RASMUSSEN, MARGARET**  
STREET ADDRESS **101 W SEMINOLE AVE #4**  
CITY-ST-ZIP **MELBOURNE FL 32901**

4.1 TITLE  Change  Addition  
4.2 NAME **Bonnie Miller**  
4.3 STREET ADDRESS **730 Bonnie Circle**  
4.4 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **V**  DELETE  
NAME **BURDETTE, SHANNA R**  
STREET ADDRESS **2299 HERITAGE DRIVE**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

5.1 TITLE  Change  Addition  
5.2 NAME **Vic & Judy Jones**  
5.3 STREET ADDRESS **1043 Glencove Ave. NW**  
5.4 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **S**  DELETE  
NAME **CORDOVA, SANDY**  
STREET ADDRESS **1149 NEWBERN ST**  
CITY-ST-ZIP **PALM BAY FL 32905**

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.

SIGNATURE: **Cheryl L. Davis** Cheryl Davis Director 2/15/98 107 702

CR2E037 (10/97)