

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001366 (0)**

1. Corporation Name

**WOOFF - WELCOME OUR ORPHANED FURRY FRIENDS, INC.**

Principal Place of Business

**222 NORTH LAKEVIEW DRIVE  
LAKE HELEN FL 32744**

Mailing Address

**222 NORTH LAKEVIEW DRIVE  
LAKE HELEN FL 32744**



3. Date Incorporated or Qualified

**03/01/1997**

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

**TRIPP, KIMBERLY A  
222 NORTH LAKEVIEW DRIVE  
LAKE HELEN FL 32744**

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  
TRIPP, KIMBERLY A**  
STREET ADDRESS **222 NORTH LAKEVIEW DRIVE**  
CITY - ST - ZIP **LAKE HELEN FL 32744**

TITLE ☒ DELETE

NAME **VD  
TRAYLOR, ESTELLE**  
STREET ADDRESS **39211 COOT DRIVE**  
CITY - ST - ZIP **EUSTIS FL 32736**

TITLE ☐ DELETE

NAME **AVD  
MILLER, CHARLENE**  
STREET ADDRESS **65 DOGWOOD TRAIL**  
CITY - ST - ZIP **DEBARY FL 32713**

TITLE ☒ DELETE

NAME **D  
LEADY, MIKE**  
STREET ADDRESS **3036 LYNNHAVEN STREET**  
CITY - ST - ZIP **DELTONA FL 32738-4215**

TITLE ☒ DELETE

NAME **ATD  
MYERS, CAROL**  
STREET ADDRESS **43741 SUNSET DRIVE**  
CITY - ST - ZIP **PAISLEY FL 32767**

TITLE ☒ DELETE

NAME **S  
LEADY, DORIS**  
STREET ADDRESS **3036 LYNNHAVEN STREET**  
CITY - ST - ZIP **DELTONA FL 32738-4215**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**Kimberly T. LaBarr**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**VICE - PRESIDENT  
ELAINE MORRIS  
1950 WHIPPERWILL LANE  
DELAND, FL. 32720**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**TREASURER  
KATHARINE HOLMES  
2882 FAYSON Circle  
DELTONA, FL. 32738**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**SECRETARY  
ELIZABETH BOSSARLE  
101 E. ALTAMONTE DRIVE #1613  
ALTAMONTE SPRINGS FL. 32701**

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:

**Kimberly Tripp LaBarr**

**1-29-98**

**904-943-5071**

CR2E037 (10/97)