

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 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 # **N97000001369 (4)**

1. Corporation Name

SAVE OUR STRAYS RESCUE, INC.

Principal Place of Business

Mailing Address

**16059 WILTSHIRE DRIVE, EAST
LOXAHATCHEE FL 33470**

**POST OFFICE BOX 1284
LOXAHATCHEE FL 33470**



3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

65-0735607

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. 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

**LEHMAN, FILENE
1122 SOUTH N STREET
LAKE WORTH FL 33460**

81 Name

John O. Thomas

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

16059 Wiltshire Drive East

84 City

Loxahatchee

FL

85 Zip Code

33470

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

John O. Thomas

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	<input checked="" type="checkbox"/> DELETE
NAME	LEHMAN, FILENE	
STREET ADDRESS	16059 WILTSHIRE DRIVE, EAST	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

1.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wakerley, Petra D	
1.3 STREET ADDRESS	16059 Wiltshire Drive East	
1.4 CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, JOHN O	
STREET ADDRESS	16059 WILTSHIRE DRIVE, EAST	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas, John O	
2.3 STREET ADDRESS	16059 Wiltshire Drive East	
2.4 CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WAKERLEY, PETRA D	
STREET ADDRESS	16059 WILTSHIRE DRIVE, EAST	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas, Renee J	
3.3 STREET ADDRESS	16059 Wiltshire Drive East	
3.4 CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Petra D. Wakerley

Signature of officer or director, receiver or trustee, or authorized agent

CR2E037 (10/97)