

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

98 FEB 10 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000002445 (1)**

1. Corporation Name

LAKE WALES ANIMAL SHELTER, INC.



Principal Place of Business

Mailing Address

**313 HICKORY HAMMOCK ROAD
LAKE WALES FL 33853**

**313 HICKORY HAMMOCK ROAD
LAKE WALES FL 33853**

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3450557

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. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOUCHER, PUTT
313 HICKORY HAMMOCK ROAD
LAKE WALES FL 33853**

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 **PD** ☐ DELETE

NAME **BOUCHER, PUTT**
STREET ADDRESS **313 HICKORY HAMMOCK RD.**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **STD** ☐ DELETE

NAME **JONES, BETTY H**
STREET ADDRESS **V16 COUNTRY CLUB VILLAGE Dr.**
CITY-ST-ZIP **LAKE WALES-FL 33853**

TITLE **D** ☐ DELETE

NAME **ROE, LEE D** N/A
STREET ADDRESS **P.O. BOX 9334**
CITY-ST-ZIP **WINTER HAVEN FL 33883**

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 **D** ☐ Change ☒ Addition

1.2 NAME **Ruth Delaplane**
1.3 STREET ADDRESS **2841 Thornhill Road**
1.4 CITY-ST-ZIP **Winter Haven, Florida 33880**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Jean Gruwell**
2.3 STREET ADDRESS **E-24 Country Club Village Dr.**
2.4 CITY-ST-ZIP **Lake Wales, Florida 33853**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **3000002433183--4**
3.3 STREET ADDRESS **-02/17/98--01080--019**
3.4 CITY-ST-ZIP *******61.25 *****61.25**

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.

SIGNATURE:

Betty H. Jones, STD

1/2/198

941-676-2130

CR2E037 (10/97)