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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90040 047 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000002445

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3450557

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOUCHER, PUTT	
STREET ADDRESS	313 HICKORY HAMMOCK RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JONES, BETTY H	
STREET ADDRESS	V16 COUNTRY CLUB VILLAGE DR.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROE, LEE D	
STREET ADDRESS	P.O. BOX 9334 (N/A)	
CITY-ST-ZIP	WINTER HAVEN FL 33883	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELAFLANE, RUTH	
STREET ADDRESS	2841 THORNHILL ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUWELL, JEAN	
STREET ADDRESS	E-24 COUNTRY CLUB VILLAGE DR.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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, with all other like empowered.

SIGNATURE:

BETTY H. JONES, SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

676-2130

Daytime Phone #

CR2E037 (11/98)