2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700002445

1. Entity Name

LAKE WALES ANIMAL SHELTER, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90041 022 ****61.25

						COO WE THE							
Principal Place of Business 113 HICKORY HAMMOCK ROAD AKE WALES FL 33859			313 H	Mailing Address 313 HICKORY HAMMOCK ROAD LAKE WALES FL 33853				9005679					
2. Principal F	ess	iling Address	g Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.			\dashv	CHECK HERE IF MAKING CHANGES					
City & State				ity & State	· · · · · · · · · · · · · · · · · · ·	4. FE	39 3430331			oplied For ot Applicable			
Zip	Zip Country			ip	ntry	5. Ce	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
a. There are necessary of contain neglection Agent						Name			o or mon mag.	, o. to 1 to 2	,0,,,,		
BOUCHER, PUTT 313 HICKORY HAMMOCK ROAD						Street Address (P.O. Box Number is Not Acceptable)							
LAKE WALES FL 33853						City				FL	Zip Cod	le	
	<u> </u>												
 The above the obligation 	e named entity tions of registe	submits this statement for	or the pur	oose of changing its	registere	ed office or regis	stered agent	t, or both, in the	State of Florida	a. I am fai	niliar with,	and accept	
the conga	alono or region	orod agoni.											
CIONIATURE													
SIGNATURE		or printed name of registered agent	and title if ap	plicable. (NOTE	: Registered	Agent signature requ	ired when reinst	ating)		DATE			
			<u>-</u>	· · · · · · · · · · · · · · · · · · ·									
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co					. •	- Willy De William Company of the							
10.		OFFICERS AND DI	BECTOR9		11.		ADDITIO	NS/CHANGES	TO OFFICERS	AND DIRE	CTORS IN	I 10	
ITLE	PD	3.17,02.1107,112.01	TILO TOTAL	□ Delete	TITLE		ADDITIO	14070 IAMALO	TO OTT IOLITO			Addition	
NAME	BOUCHER	PUTT		□ Delete	NAME					·	Onlange	Addition	
STREET ADDRESS 313 HICKORY HAMMOK RD.					ET ADDRESS								
CITY-ST-ZIP	•				ST-ZiP								
TITLE	STD			☐ Delete	TITLE					ſ	Change	Addition	
NAME	JONES, BE	TTY H		_ Dulque	NAME					,	one igo		
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IAME	ROE, LEE				NAME								
	P.O. BOX 9					T ADDRESS							
CITY-ST-ZIP		NEN FL 33883			CITY-	ST-ZIP							
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HTY-ST-ZIP		FL 34677-2298				T ADDRESS ST-ZIP						{	
ITLE	D	FL 340/11-2230		N. C.	╂—	31-Zii					7.0		
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TREET ADDRESS	_	ITRY CLUB VILLAGE ()R			T ADDRESS]	
LAKE WALES FL 33898						ST-ZIP							
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ity-st-zip						ST-ZIP						,	
2 Thereby o	ertify that the	information supplied with	thie filing	does not qualify for	the even	ntion stated in l	Soction 110		o Statutan I fue	than and the	. 46 -4 46 - 1-		

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

BETTY H. JONES BETTY H.

SIGNATURE:

1/16/03

863-676-5736