


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 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 # **N97000002619 (1)**

1. Corporation Name

OSCEOLA ANIMAL RELIEF, INC.

Principal Place of Business

Mailing Address

% LINDA ROGEWITZ
21 WESTCHESTER DR
KISSIMMEE FL 34744

% LINDA ROGEWITZ
21 WESTCHESTER DR
KISSIMMEE FL 34744



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 05/05/1997	
4. FEI Number 59-3452953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
ROGEWITZ, LINDA 21 WESTCHESTER DR KISSIMMEE FL 34744	

10. Name and Address of New Registered Agent	
81 Name JUDITH M. SARULLO	85 Zip Code 32825
82 Street Address (P.O. Box Number is Not Acceptable) 7814 MONTEZUMA TRAIL	
83	
84 City ORLANDO	85 State FL

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 617.0303, Florida Statutes.

SIGNATURE *Judith M. Sarullo* **JUDITH M. SARULLO PRES** **4/29/98**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CLEMENT, ROBIN
STREET ADDRESS	% 21 WESTCHESTER DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	STANLEY, VALERY
STREET ADDRESS	% 21 WESTCHESTER DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ROGEWITZ, LINDA
STREET ADDRESS	% 21 WESTCHESTER DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MENALLY, KELLY
STREET ADDRESS	% 21 WESTCHESTER DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JUDITH SARULLO
1.3 STREET ADDRESS	7814 MONTEZUMA TRAIL
1.4 CITY-ST-ZIP	ORLANDO FL 32825
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHERRIE KOHNKEN
2.3 STREET ADDRESS	1701 TRINA COTA COURT
2.4 CITY-ST-ZIP	ORLANDO FL 32825
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JULIE LANDMICHAEL
3.3 STREET ADDRESS	3735 PACKARD AVE
3.4 CITY-ST-ZIP	ST CLOUD FL 34772
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JULIE LANDMICHAEL
4.3 STREET ADDRESS	3735 PACKARD AVE
4.4 CITY-ST-ZIP	ST CLOUD FL 34772
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.

SIGNATURE *Judith M. Sarullo* **JUDITH M. SARULLO P.D.** **5/1/98** **382-5991**

CR2E037 (10/97)