

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90019 034 ****70.00

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1. Corporation Name

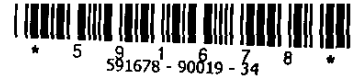
OSCEOLA ANIMAL RELIEF, INC.

Principal Place of Business

% LINDA ROSEWITZ
21 WESTCHESTER DR
KISSIMMEE FL 34744

Mailing Address

% LINDA ROSEWITZ
21 WESTCHESTER DR
KISSIMMEE FL 34744



2. Principal Place of Business

21 7814 Montezuma Trl
Suite, Apt. #, etc.

22 City & State
Orlando FL

23 Zip 32825 Country USA

2a. Mailing Address

26 7814 Montezuma Trl
Suite, Apt. #, etc.

27 City & State
Orlando FL

28 Zip 32825 Country USA

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3452953

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.50 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SARULLO, JUDITH M.
7814 MONTEZUMA TRAIL
ORLANDO FL 32825

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	SARULLO, JUDITH	
STREET ADDRESS	7814 MONTEZUMA TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOHNKEN, SHERRIE	
STREET ADDRESS	1701 TERRA COTA COURT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANDMICHAEL, JULIE	
STREET ADDRESS	3735 PACKARD AVE	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANDMICHAEL, JULIE	
STREET ADDRESS	3735 PACKARD AVE	
CITY-ST-ZIP	ST. CLOUD FL 34772	
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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)