

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000004219 (8)

1. Corporation Name

THE ANIMALS OF THE GOOD SHEPHERD, INC.

Letter # 198A00021340 798A00027574



Principal Place of Business

Mailing Address

P.O. BOX 1261
ESTERO FL 33928

P.O. BOX 1261
ESTERO FL 33928

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0773042

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCFALL, MARK
15244 N. PEBBLE LANE
FT. MYERS FL 33912**

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 617.1503, 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 **PTD** DELETE
NAME **SERENKO, CARLA**
STREET ADDRESS **19751 BEAULIEU CT.**
CITY-ST-ZIP **FT. MYERS FL 33908**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** DELETE
NAME **MCFALL, MARK**
STREET ADDRESS **P.O. BOX 60572**
CITY-ST-ZIP **FT. MYERS FL 33908-6572**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** DELETE
NAME **KOLB, AMY**
STREET ADDRESS **P.O. BOX 1261**
CITY-ST-ZIP **ESTERO FL 33928**

3.1 TITLE **SD** Change Addition
3.2 NAME **KOLB, AMY**
3.3 STREET ADDRESS **P.O. BOX 1176 N/A**
3.4 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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

Carla Serenko

ulular (941) 217-1211

CR2E037 (10/97)

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