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Apr 24 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 # N97000006712 (0)

1. Corporation Name

PASCO ANIMAL WELFARE SOCIETY, INC.

Principal Place of Business

Mailing Address

4450 DEWEY DRIVE
NEW PORT RICHEY FL 34852

4450 DEWEY DRIVE
NEW PORT RICHEY FL 34852

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

59-3481554

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 25

26 8728 U.S. Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Port Richey, FL

27 Suite 116

City & State

City & State

23 34668

28 Port Richey, FL

Zip

Zip

Country

Country

24 34668

29 34668

30 PASCO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 ☐ DELETE

NAME MCCONKEY, MARGERY
STREET ADDRESS 4450 DEWEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34852

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME RICH, JEANETTE K
STREET ADDRESS 4450 DEWEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34852

2.1 TITLE TREASURER ☒ Change ☐ Addition

TITLE SD ☐ DELETE

NAME ORTIZ, DEBBIE
STREET ADDRESS 4450 DEWEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34852

2.2 NAME

TITLE TD ☒ DELETE

NAME JACKSON, IVAN
STREET ADDRESS 4450 DEWEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34852

2.3 STREET ADDRESS

TITLE D ☐ DELETE

NAME JACKSON, CAROL
STREET ADDRESS 4450 DEWEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34852

2.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME LINK, MARGARTE
STREET ADDRESS 4450 DEWEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34852

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: [Signature]

4-15-98 813-3468-2218

CR2E037 (10/97)