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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # N97000006712 | | | |
| 1. Corporation Name PASCO ANIMAL WELFARE SOCIETY, INC. | | | |
| Principal Place of Business 1720 U.S. HWY 19 SUITE 25 PORT RICHEY FL 34668 US | | Mailing Address 8728 US HWY 19 SUITE 116 PORT RICHEY FL 34668 US | |
| 2. Principal Place of Business 21 11720 U.S. 19 Suite, Apt. #, etc. 22 SUITE 26 City & State 23 PORT RICHEY, FL Zip 24 34668 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | |
| 3. Date Incorporated or Qualified 12/03/1997 | | 4. FEI Number 59-3481554 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | 10. Name and Address of New Registered Agent 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 NAME MCCONKEY, MARGERY STREET ADDRESS 4450 DEWEY DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652 | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 9229 WOOD DR 1.4 CITY-ST-ZIP HUDSON, FL 3466 | |
| TITLE TD NAME RICH, JEANETTE K STREET ADDRESS 4450 DEWEY DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652 | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE SD NAME ORTIZ, DEBBIE STREET ADDRESS 4450 DEWEY DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652 | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 8728 US 19 3.4 CITY-ST-ZIP PORT RICHEY, FL 34668 | |
| TITLE D NAME PRISCO, DEB STREET ADDRESS 6577 CIRCLE BLVD CITY-ST-ZIP NEW PORT RICHEY FL 34652 | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS MAUREEN TOON 4.4 CITY-ST-ZIP 928 GILLESPIE DR PALM HARBOR, FL 34684 | |
| TITLE VPD NAME JACKSON, CAROL STREET ADDRESS 4450 DEWEY DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652 | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS JOAN REES 5.4 CITY-ST-ZIP 5242 MAIN ST NEW PORT RICHEY, FL 34668 | |
| TITLE D NAME MASON, JOY STREET ADDRESS 5837 EAST LAKE DR CITY-ST-ZIP NEW PORT RICHEY FL 34653 | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS BARBARA FUSIMOTO 6.4 CITY-ST-ZIP 8728 US 19, STE 116 PORT RICHEY FL 34668 | |

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

Daytime Phone #

CR2E037 (1/98)