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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003836					
1. Corporation Name ANIMAL HELP PROGRAM, INC.					
Principal Place of Business P.O. BOX 9345 PT. ST. LUCIE FL 34985			Mailing Address P.O. BOX 9345 PT. ST. LUCIE FL 34985		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/30/1998 4. FEI Number 65 0855386 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BARZ, MARGY 734 SW SAIL TERRACE PORT SAINT LUCIE FL 34953				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST BARZ, MARGY	1.1 TITLE	
NAME	P.O. BOX 9345 N/A	1.2 NAME	
STREET ADDRESS	PT. ST. LUCIE FL 34985	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	JOHN YANDK, President	2.1 TITLE	
NAME	1365 SW GASTADOR AVE	2.2 NAME	
STREET ADDRESS	PT ST LUCIE FL 34985	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	MARGARET BARZ	3.1 TITLE	
NAME	4610 SE DENNIS WAY	3.2 NAME	
STREET ADDRESS	STUART FL 34446	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 561 871 9708

Date

Daytime Phone #

CR2037 (11/98)