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**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90107 029 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000005517**

1. Corporation Name

**CIRCLE OF LIFE SPECIAL NEEDS ANIMAL SANCTUARY, I  
NC.**

Principal Place of Business

Mailing Address

2751 NE 56TH STREET  
OCALA FL 34479

2751 NE 56TH STREET  
OCALA FL 34479



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/24/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3541021

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNEIDER, MICHAEL  
2751 NE 56TH STREET  
OCALA FL 34479**

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 ☐ DELETE

1.1 TITLE

DP

☐ Change

☒ Addition

NAME

1.2 NAME

MARGARET SCHNEIDER

STREET ADDRESS

1.3 STREET ADDRESS

2751 NE 56TH STREET

CITY-ST-ZIP

1.4 CITY-ST-ZIP

OCALA, FL 34479

TITLE ☐ DELETE

2.1 TITLE

DVT

☐ Change

☒ Addition

NAME

2.2 NAME

MICHAEL SCHNEIDER

STREET ADDRESS

2.3 STREET ADDRESS

2751 NE 56TH STREET

CITY-ST-ZIP

2.4 CITY-ST-ZIP

OCALA, FL 34479

TITLE ☐ DELETE

3.1 TITLE

DS

☐ Change

☒ Addition

NAME

3.2 NAME

CHER MOORE

STREET ADDRESS

3.3 STREET ADDRESS

8950 SE 72ND AVE

CITY-ST-ZIP

3.4 CITY-ST-ZIP

OCALA, FL 34472

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2-12-99 352-351-2956

Date

Daytime Phone #

CR2E037 (11/98)