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May 21, 1999 8:00 am
Secretary of State

05-21-1999 90009 024 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000005922

1. Corporation Name

FRIENDS' FUR LIFE, INC.

Principal Place of Business

101 E GATLIN AVE
ORLANDO FL 32806

Mailing Address

101 E GATLIN AVE
ORLANDO FL 32806



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number

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

ROSS, NORMA
1304 BALMY BEACH DR
APOPKA FL 32703

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

TITLE D ☒ DELETE

NAME STONEMETZ, JANE
STREET ADDRESS 1100 S DELANEY AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☒ DELETE

NAME TILLER, MARTHA
STREET ADDRESS 2406 DELLWOOD DR
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ DELETE

NAME SCHERMERHORN, GAY
STREET ADDRESS 610-106 CRANESWAY ST
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ DELETE

NAME PERREALT, MARK
STREET ADDRESS 3046 CURRYWOODS CIR
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME ROBERTS, BETH
1.3 STREET ADDRESS 2565 E. KALEY AVE
1.4 CITY-ST-ZIP ORLANDO, FL 32806

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME RUSSELL, QUDREY
2.3 STREET ADDRESS 3971 ORANGE LAKE DR
2.4 CITY-ST-ZIP ORLANDO, FL 32817

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Pugh, Dawn
3.3 STREET ADDRESS 821 Buckwood Dr
3.4 CITY-ST-ZIP Orlando, FL 32806

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Johnson, Adrienne D
4.3 STREET ADDRESS 821 Buckwood Dr
4.4 CITY-ST-ZIP Orlando, FL 32806

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Major Ka, Ken D
5.3 STREET ADDRESS 5701 Leon Tyson Rd
5.4 CITY-ST-ZIP St. Cloud, FL 34771

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Roberts, D. Q.
6.3 STREET ADDRESS 2565 E. Kaley Ave
6.4 CITY-ST-ZIP Orlando, FL 32806

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
GAY SCHERMERHORN

Date

Daytime Phone #

5-20-99

407-240-5331

CR2E037 (11/98)