

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90177 032 \*\*\*\*61.25

**DOCUMENT # N98000007284**

1. Corporation Name

**ANIMAL OUTREACH OF BRANDON, INC.**

Principal Place of Business

9302 DR. MARTIN LUTHER KING BLVD., E.  
# 336  
TAMPA FL 33610

Mailing Address

P.O. BOX 1348  
BRANDON FL 33509-1348



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4207 S. DALE MABRY  
Suite, Apt. #, etc.  
27 101 ASH

3. Date Incorporated or Qualified

12/22/1998

4. FEI Number

65-0876801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KELLY, LORI  
9302 DR. MARTIN LUTHER KING BLVD., E.  
# 336  
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

BEVERLY SPENCER

82 Street Address (P.O. Box Number is Not Acceptable)

4207 S DALE MABRY - 101 ASH

83

84 City

TAMPA

FL

85 Zip Code

33611

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

*Beverly J. Spencer*

4-16-99

Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SPENCER, BEVERLY  
STREET ADDRESS 9302 DR. MLK JR. #811  
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☒ DELETE  
NAME KELLY, LORI  
STREET ADDRESS 9302 DR. MLK JR., #336  
CITY-ST-ZIP TAMPA FL 33610

TITLE TD ☐ DELETE  
NAME SKOLNICK, MARGIE  
STREET ADDRESS 2205 HICKORY RIDGE DR.  
CITY-ST-ZIP VALRICO FL 33594

TITLE SD ☐ DELETE  
NAME DURANT, DINA  
STREET ADDRESS P.O. BOX 609 N/A  
CITY-ST-ZIP RIVERVIEW FL 33568

TITLE D ☐ DELETE  
NAME LAUTER, JANE  
STREET ADDRESS 205 LIMONA RD.  
CITY-ST-ZIP BRANDON FL 33510

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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR ☐ Change ☒ Addition  
2.2 NAME GREGORY, JEANETTE  
2.3 STREET ADDRESS 4207 S. DALE MABRY - 101 ASH  
2.4 CITY-ST-ZIP TAMPA, FL 33611

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, with all other like empowered.

SIGNATURE:

*Beverly J. Spencer*

4/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)