

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007909

**Entity Name:** ANIMAL SERVICES LEAGUE, INC.

**Current Principal Place of Business:**

735 E.C. 470  
LAKE PANASOFFKEE, FL 33538

**Current Mailing Address:**

P O BOX 93  
BUSHNELL, FL 33513

**FEI Number: 38-1754963**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MURPHY, DAVID J  
14217 THIRD STREET  
DADE CITY, FL 33525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name FOLEY-CREECH, JOCELYN W  
Address 4993 COUNTY ROAD 683  
City-State-Zip: WEBSTER FL 33597

Title D  
Name FOLEY, ALLEN  
Address 1979 WEST END PL.  
City-State-Zip: ORANGE PARK FL 32003

Title D  
Name ERLER, MYRNA  
Address 5124 C.R. 326  
City-State-Zip: BUSHNELL FL 33513

Title D  
Name MARSH, LINDA C  
Address 519 CR 527  
City-State-Zip: LAKE PANASOFFKEE FL 33538

Title D  
Name FOLEY, JOANNE E  
Address 13326 SW 49TH PLAZA  
City-State-Zip: WEBSTER FL 33597

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOCELYN W FOLEY-CREECH**

**D**

**04/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date