

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31718

**Entity Name:** THE ANIMAL LEAGUE, INC**Current Principal Place of Business:**4648 BAPTIST ISLAND ROAD  
GROVELAND, FL 34736**Current Mailing Address:**P. O. BOX 121504  
CLERMONT, FL 34712-8504 US**FEI Number:** 59-2949848**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOWYER, BONNY  
1645 E. HIGHWAY 50, STE. 202  
CLERMONT, FL 34711 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 DIRECTOR  
Name BARKER, DOREEN  
Address 10925 ARROWTREE BLVD.  
City-State-Zip: CLERMONT FL 34715

Title PRESIDENT  
Name MULLINS, KEITH  
Address 640 DREW AVE  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name SHERMAN, SUSAN  
Address 2564 SQUAW CREEK  
City-State-Zip: CLERMONT FL 34711

Title SECRETARY  
Name SHERMAN, NORMAN A JR.  
Address 848 WOLF CREEK ST  
City-State-Zip: CLERMONT FL 34711

Title TD  
Name BOWYER, BONNY  
Address 1645 E. HIGHWAY 50  
202  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name KRACHT, TERRI  
Address 9343 CR 561  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name AVRETT, WENDY  
Address 751 PARK VALLEY CIRCLE  
City-State-Zip: MINNEOLA FL 34715

Title DIRECTOR  
Name SENNINGER, JANICE  
Address 10909 BRONSON RD  
City-State-Zip: CLERMONT FL 34711

**Continues on page 2**

*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: BONNY A BOWYER****TREASURER****04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SENNINGER, TOM
Address	10909 BRONSON RD
City-State-Zip:	CLERMONT FL 34711