

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42635

Entity Name: SAFE ANIMAL SHELTER OF ORANGE PARK, INC.**Current Principal Place of Business:**2913 COUNTY ROAD 220
MIDDLEBURG, FL 32068**Current Mailing Address:**2913 CR220
MIDDLEBURG, FL 32068 US**FEI Number:** 59-3054559**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIRKWOOD , JAMES TREASURER
2913 CR 220
MIDDLEBURG, FL 32068 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:** JAMES KIRKWOOD

02/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name HARDIN, PETER F PRES.
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

Title TREA
Name KIRKWOOD , JAMES
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

Title VP
Name SCOTT, CHRISTINE G
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name VYE, CHERYL
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name HARDIN, MARY
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

Title SECRETARY
Name GROSS, LORNA
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name KIRKWOOD, JANICE
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name MANSFIELD , SHERRY
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

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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: PETER F HARDIN

PRESIDENT

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DIGIOVANNI, LEE
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name TRANE, SHIRLEY
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name CONKLE, FAITH
Address 2913 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068