

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:04

DOCUMENT # 700988 (9)

1. Corporation Name

THE HUMANE SOCIETY OF COLLIER COUNTY, INC.

Principal Place of Business

Mailing Address

370 AIRPORT RD N
NAPLES FL 33942
US

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NAPLES FL 33942
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1960
3a. Date of Last Report 02/23/1994

4. FEI Number 59-1033966
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORTENSEN, FLORENCE
598 92ND AVE. N.
NAPLES FL 33963

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME HADINGER, THOMAS
STREET ADDRESS 514 PARKWOOD LANE
CITY- ST- ZIP NAPLES FL

1.1 TITLE VPD Change Addition
1.2 NAME MERCER, JACK
1.3 STREET ADDRESS 1755 KNIGHTS WAY
1.4 CITY- ST- ZIP NAPLES, FL 33962

TITLE PD
NAME EDWARDS, FREDERICK J.
STREET ADDRESS 5810-28TH AVENUE, S.W.
CITY- ST- ZIP NAPLES, FL 00000

2.1 TITLE PD Change Addition
2.2 NAME TOBIAS, LEE
2.3 STREET ADDRESS 4451 Gulfshore Blvd. N
2.4 CITY- ST- ZIP NAPLES, FL 33940

TITLE TD
NAME MORTENSEN, FLORENCE
STREET ADDRESS 598 92ND AVENUE, N.
CITY- ST- ZIP NAPLES, FL 0

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE SD
NAME TOBIAS, DONNA LEE
STREET ADDRESS 4461 GULFSHORE BLVD. N.
CITY- ST- ZIP NAPLES FL

4.1 TITLE SD Change Addition
4.2 NAME KATZ, TODD
4.3 STREET ADDRESS 1170 29th AVENUE N
4.4 CITY- ST- ZIP NAPLES, FL 33940

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3-17-95 (813) 643-1880