

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

370 AIRPORT RD N
NAPLES FL 33942
US

3. Date Incorporated or Qualified
05/20/1960

3a. Date of Last Report
03/22/1995

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

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

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** DELETE
NAME **MERCER, JACK**
STREET ADDRESS **1755 KNIGHTS WAY**
CITY-ST-ZIP **NAPLES FL**

TITLE **PD** DELETE
NAME **TOBIAS, LEE**
STREET ADDRESS **4451 GULFSHORE BLVD N**
CITY-ST-ZIP **NAPLES, FL 00000**

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

TITLE **SD** DELETE
NAME **KATZ, TODD**
STREET ADDRESS **1170 29TH AVE N**
CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** Change Addition
1.2 NAME **MCGRAW, DWIGHT**
1.3 STREET ADDRESS **245 ST. JAMES WAY**
1.4 CITY-ST-ZIP **NAPLES FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **TD** Change Addition
3.2 NAME **MERCER, JACK**
3.3 STREET ADDRESS **1755 KNIGHTS WAY**
3.4 CITY-ST-ZIP **NAPLES FL**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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

Lee Tobias

Feb. 20/96

643-1880

Date

Daytime Phone #

CR2E037 (12/95)