

700988

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No. *AP# 988-A*

NAME

*Humane Society  
of Naples, Inc.*

FILED IN THE OFFICE OF  
SECRETARY OF STATE  
OF FLORIDA

*6/20/60*

R. A. GRAY  
SECRETARY OF STATE

BY

*P. L.*

**STATE OF FLORIDA  
OFFICE  
SECRETARY OF STATE**

RECEIVED  
JUN 20 9 12 AM '60  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NOT FOR PROFIT**

**Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served and Names and Addresses of the Officers and Directors.**

In pursuance of Chapter 47.34, Florida Statutes 1953, the following is submitted, in compliance with said Act:

First—That HUMANE SOCIETY OF NAPLES, INC.  
a corporation duly organized and existing under the laws of the State of FLORIDA  
with its principal place of business at City of NAPLES  
County of COLLIER, State of FLORIDA  
has designated and established 651 Fifth Avenue North  
(Street or building)  
City of Naples, County of Collier  
State of Florida, as its place of business or domicile for the service of  
process within this State, and named as its agents LOIS MARIE HOUSE  
to accept service of process.

OFFICERS:	AFFIX TITLES: NAME	SPECIFIC ADDRESS
PRESIDENT	LOIS MARIE HOUSE	651 5th Avenue North, Naples, Fla.
VICE-PRESIDENT	MYRTLE LIEB	414 6th St. South, Naples, Fla.
SECRETARY	MERLE HARRIS	Naples Trailer Park, Naples, Fla.
TREASURER	SHIRLEY SHIPTON	Naples, Fla.

DIRECTORS:	NAME	SPECIFIC ADDRESS
	LOIS MARIE HOUSE	Naples, Florida
	MYRTLE LIEB	Naples, Florida
	COLONEL C. C. CARTER	Naples, Florida
	DOROTHY W. CARTER	Naples, Florida
	MARY W. MORRIS	Naples, Florida
	ERNEST H. NOYES	Naples, Florida

G. TAX  
FILING  
R. AGENT FEE  
C. COPY  
TOTAL  
N. BANK  
BALANCE DUE  
REPORT

By Lois Marie House  
Lois Marie House

Lois Marie House  
Lois Marie House

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

It is necessary to file this certificate within thirty days after filing Certificate of Incorporation, as to domestic Corporations and within thirty days after issuance of permit to foreign corporations; and thereafter only when corporation has changed its place of business or agent.

Filing Fee, \$1.00

No. NP #988-B

1961

**CORPORATION REPORT**

*Herman Society  
of Naples, Inc*

P. O. ADDRESS

Filed in the office of the Secretary of State  
of the State of Florida, this  
day of  
A. D. 19

Secretary of State

**CORPORATION REPORT TO THE SECRETARY OF STATE OF FLORIDA**

Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax, as required by Section 606.32, Florida Statutes, 1961.

Hon. R. A. Gray, Secretary of State  
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That The Humane Society of Naples, Inc.  
Name of Corporation  
duly organized and existing under the laws of the State of Florida  
with its principal place of business at Naples City Fla. State  
Collier County, has designated 651 Fifth Avenue North  
Street or Building  
City of Naples County of Collier State of Florida.  
as its place of business or domicile for the service of process within the State, and has named as its agent,  
Lois Marie House  
whose address is 651 Fifth Avenue North

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>Lois Marie House, Pres.</u>	<u>651 Fifth Ave. No.</u>
<u>Myrtle Lieb, Vice Pres.</u>	<u>414 6th Street So.</u>
<u>Morrah Harris, Sec.</u>	<u>Pino Ridge</u>
<u>Tom Morgan, Jr., Treas.</u>	<u>626 West Lake Dr.</u>

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>Col. G.C. Carter</u>	<u>1976 Galloon Drive</u>
<u>Mrs. C.C. Carter</u>	<u>1976 Galloon Drive</u>
<u>Mrs. B.W. Morris</u>	<u>595 Third Street No.</u>

(4) GENERAL NATURE OF MAIN BUSINESS ENGAGED IN

Society for Prevention of Cruelty to Animals

(5) Date of last meeting of Board of Directors May 5, 1960

Has the Corporation been actively engaged in business during the previous twelve months? Yes

If inactive, state how long its charter powers have been dormant

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

Lois Marie House  
President or Vice-President

ATTEST: Merle Harris  
Secretary

STATE OF FLORIDA

COUNTY OF Collier

Personally appeared before me Lois Marie House & Merle Harris  
who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 6<sup>th</sup> day of February, 1961

SEAL

Robert C. Fuller - Notary Public  
Signature of Officer Taking Acknowledgment.

Notary Public, State of Florida at Large  
My Commission Expires                       
The 1961 Legislature made it necessary for the Secretary of State to require Railroad Companies, Pullman Companies, Telegraph and Telephone Companies, Insurance Companies, Banking and Trust Companies, Banking and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax to file with the Secretary of State on July first of each year, a form as shall prescribe, giving the above information, however, they are not required to pay a corporation capital stock tax.

933 E

1963

REPORT OF  
CORPORATION NOT FOR PROFIT

*Humane Society of  
Naples, Inc*

P. O. ADDRESS

Filed in the office of the Secretary of State  
of the State of Florida, this

day of

A. D. 19

TOM ADAMS, Secretary of State

CORPORATION NOT FOR PROFIT  
REPORT TO THE SECRETARY OF STATE OF FLORIDA

Provided, that railroad, railroad, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, CORPORATIONS NOT FOR PROFIT and corporations paying the maximum capital stock tax, shall be required to furnish the information (listed below) required under (a) through (f) of subsection (1) hereof only. (2) All reports herein required shall be for the calendar year and shall be due to be filed on JULY 1 of EACH YEAR... Section 608.32, Florida Statutes, 1963.

Hon. Tom Adams, Secretary of State  
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That HUMANE SOCIETY OF NAPLES, INC.  
Name of Corporation

duly organized and existing under Chapter 617, Florida Statutes, 1959 as a corporation not for profit with its

home office at NAPLES FLORIDA  
City State

COLLIER has designated NAPLES AIRPORT  
County Street or Building

City of NAPLES, County of COLLIER, State of Florida,  
as its place of business or domicile for the service of process within the State, and has named as its agent,

Smith, Carroll, Vega & Brown Attorneys

whose address is Balch Building, Naples, Florida

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>Mrs. Walter Keller, President</u>	<u>1342 10th Street, North - Naples</u>
<u>Tom Morgan, Jr. - Vice President</u>	<u>626 West Lake Drive - Naples</u>
<u>Mrs. Walter Condon - Secretary</u>	<u>483 8th Avenue, South - Naples</u>
<u>Elliott C. Fisher - Treasurer</u>	<u>684 12th Street, North - Naples</u>

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>Mrs. O. O. Carter</u>	<u>P. O. Box 996, Naples, Florida</u>
<u>Tim Cantel</u>	<u>Pina Ridge, Naples, Florida</u>
<u>Mrs. Edward Cape Smith</u>	<u>585 16th Avenue, S., Naples, Florida</u>

(4) GENERAL PURPOSE CORPORATION NOT FOR PROFIT ORGANIZED IS:

Society for the Prevention of Cruelty to Animals

(5) Date of last meeting of Board of Directors May 2, 1963

Has the Corporation been actively engaged in conducting its affairs during the previous twelve months? Yes

If inactive, state how long its charter powers have been dormant: -

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

Walter Keller  
President & Vice President  
ATTEST: Mrs. Walter Condon  
Secretary

STATE OF FLORIDA

COUNTY OF Collier

I, Walter Keller, do hereby certify that the above state of facts is true and correct as shown by our records, and that the statements contained herein are true and correct to the best of my knowledge and belief.

Sworn to and subscribed before me this 1st day of July, 1963

SEAL

Walter Keller  
Signature of Officer Taking Acknowledgment

NP-988



988

HUMANE SOCIETY OF NAPLES,  
INC.

FILED IN OFFICE OF SECRETARY  
OF STATE, STATE OF FLORIDA,  
by PBM on May 20, 1960

R. A. GRAY  
SECRETARY OF STATE

GEORGE VEGA, JR.

NAPLES, FLORIDA

DATE: May 18, 1960

Honorable R. A. Gray  
Secretary of State  
State Capitol  
Tallahassee, Florida

SUBJECT: Humane Society, Inc.

Enclosed are Articles of Incorporation for Humane Society of  
Naples, Inc., in duplicate.

Also enclosed is our check to you for \$11.00 covering:

1. Filing fee	\$8.00
2. Certified Copy	<u>3.00</u>
Total	\$11.00

RECEIVED  
MAY 20 9 16 AM '60  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Respectfully,

SMITH, CARROLL & VEGA

Enc.

C. TAX	800
MIN:	
R. GEN. FEE	300
RECEIPT	1100
RECEIPT	1100
PLAN: DUE	
REFUND:	

any animals by humane education and enforcement of our laws.

ARTICLES OF INCORPORATION  
OF  
HUMANE SOCIETY OF NAPLES, INC.

RECEIVED  
MAY 20 9 17 AM '60  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned, have this day voluntarily associated ourselves together for the purpose of forming a corporation under the laws of the State of Florida, and to that end do hereby adopt Articles of Incorporation as follows:

I.

The name of this corporation shall be HUMANE SOCIETY OF NAPLES, INC. and it shall be located in Collier County, Florida.

II.

The principal object and purposes for which this corporation is to be formed shall be the protection of animals and provide for all stray and homeless animals, and the prevention of cruelty to any animals by humane education and enforcement of our laws.

III.

Membership in this organization shall be open to the public, the manner of admission to be set out in the By-laws.

IV.

This corporation shall exist perpetually.

V.

The names and residences of the subscribers to these Articles are as follows:

- LOIS MARIE HOUSE of 651 Fifth Avenue, N., Naples, Florida
- Myrtle Lieb of 414 Sixth Street, S., Naples, Florida
- MERLE HARRIS of Naples Trailer Park, Naples, Florida

VI.

The affairs of this corporation shall be conducted by a Board of Directors composed of not less than three (3) nor more than eleven (11) members who shall be selected by the membership, annually,

AD

RECEIVED  
MAY 20 9 17 AM '60  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



and by a President, Vice-President, Secretary, Treasurer and such other offices as may be designated by the Board of Directors who shall be elected annually by the Board of Trustees.

VII.

The names and titles of the officers and Board of Directors who are to manage the affairs of this corporation until their successors are duly appointed or elected, are as follows:

<u>Name</u>	<u>Office</u>	<u>Board of Directors</u>
Lois Marie House	President	Lois Marie House
Myrtle Lieb	Vice-President	Myrtle Lieb
Merle Harris	Secretary	Colonel C. C. Carter
Shirley Shipton	Treasurer	Dorothy W. Carter
		Mary W. Morris
		Ernest H. Noyes

VIII.

**BY-LAWS - ARTICLES OF INCORPORATION: MAKING: ALTERNATION: REVISION**

After approval of this Charter by the Court, the officers and directors of the Corporation shall be and constitute a committee to draw and submit, at a regular meeting, a set of by-laws for adoption and approval by the Corporation. A two-thirds majority of the members of the Corporation shall be required to confirm and ratify such by-laws. Any further amendment, recision or revision of by-laws of the Corporation or the Articles of Incorporation, shall be accomplished by a two-thirds vote of the Directors.

IX.

The highest amount of indebtedness or liability to which this Corporation may subject itself shall be Ten Thousand Dollars (\$10,000), and never to exceed an amount greater than 2/3 of the value of all property owned by the Corporation.

X.

The amount of real estate which this Corporation may hold shall not exceed Fifty Thousand Dollars (\$50,000) in value.

XI.

Upon dissolution of the Corporation, and prior to the completion thereof, all liabilities and obligations of the Corporation shall be paid, satisfied and discharged and all of the remaining assets, property and income owned or held by the Corporation, but not so owned or held upon a condition requiring return, transfer or conveyance by reason of the dissolution shall be expended for or applied to the purposes of the Corporation, or one or more of such purposes, exclusively, by transferring and conveying such assets, property and income to one or more corporations or organizations engaged in activities substantially similar to those of this Corporation (no part of the net earnings of which inures to the benefit of any private shareholder or individual, and no substantial part of the activities of which is carrying on propoganda, or otherwise attempting to influence legislation), in accordance with the laws governing not-for-profit corporations of the State of Florida, and no part of such remaining assets, property or income shall be distributed to members or to any other persons whatsoever.

AND YOUR SUBSCRIBERS WILL EVER PRAY, ETC.

*Sain Marie House*  
*Myrtle Lieb*  
*Maria Larica*

STATE OF FLORIDA  
COUNTY OF COLLIER

PERSONALLY appeared before me, an officer duly authorized to administer oaths and take acknowledgments, the above-signed subscribers, to me well known and known to me to be the individuals described in, and they acknowledged and swore to me that they signed the foregoing instrument as subscribers and the application for a non-profit corporation charter, and that the said non-profit corporation charter application is made in good faith, and for the uses and purposes therein set forth.

WITNESS my hand and seal at Naples, Collier County, Florida,  
this the 18<sup>th</sup> day of May, 1960.

(NOTARY SEAL)

*Alvarena Bryan*  
Notary Public

My Commission Expires: Jan 8, 1961

NPI 988-

HUMANE SOCIETY OF AMERICA  
INC.

AMEND ARTICLES II AND III

FILED IN OFFICE OF SECRETARY

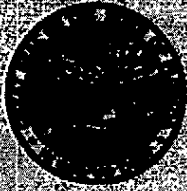
OF STATE, STATE OF CALIFORNIA

BY \_\_\_\_\_

SECRETARY OF STATE

19\_\_\_\_

SECRETARY OF STATE



Office of the  
**Secretary of State**  
 State of Florida  
 Tallahassee

TOM ADAMS  
 SECRETARY OF STATE

April 5, 1962

Messrs. Smith, Carroll, and Vega  
 Naples, Florida

Attention: Honorable Thomas R. Brown

Dear Mr. Brown:

This acknowledges receipt of the amendment to  
 the charter of HUMAN SOCIETY OF NAPLES, INC., a corporation  
 not for profit

and check for \$ 13.00. Said amendment has been  
 duly filed in this office on 5 April 1962.

Enclosed you will find certified copy.

Sincerely,

TOM ADAMS  
 Secretary of State

By  
 Corporation Division

TA/

Enclosures

THOMAS R. BROWN

DATE: MAR. 30, 1962

Corporate Div.  
Secretary of State  
Tallahassee, Florida

SUBJECT: Humane Society of  
Naples, Inc.

778-2-62-02 58400 \*\*\*\*3.00

FILE NO. 2-62-02 58387 \*\*\*\*10.00

Gentlemen:

We enclose herewith Amendments to the Articles of Incorporation of the above corporation together with Affidavit. Our check for \$13.00 is also enclosed.

Please send us a conformed copy of these when they have been

Respectfully,

SMITH, CARROLL & VEGA

*Thomas R. Brown*

TRB:me  
ENC.

*[Handwritten signature]*

C. TAX	
FILING	10.00
R. AGENT FEE	
C. COPY	3.00
TOTAL	13.00
N. BANK	13.00
BALANCE DUE	
REFUND	

RECEIVED  
Apr 5 12 54 PM '62  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



A F F I D A V I T

APPROVED AND FILED  
*[Signature]*

STATE OF FLORIDA  
COUNTY OF COLLIER

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgments, personally appeared  
President of the HUMANE SOCIETY OF NAPLES, INC., who, first being duly sworn, deposes and sayeth:

1. That the document attached hereto consists of a true copy of the Amendment to the Articles of Incorporation of the HUMANE SOCIETY OF NAPLES, INC., which was passed at a meeting of the Board of Directors held on the 20th day of January, 1962, at 2:00 o'clock in the afternoon.

RECEIVED  
MAR 5 1962  
5:00 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. That said Amendment was passed in accordance with the Articles of Incorporation of the Humane Society of Naples, Inc.

FURTHER THE AFFIANT SAYETH NOT . . .

DATED, this the 20 day of March, 1962.

*[Signature]*  
President

ATTEST:

*[Signature]*  
Secretary

SWORN TO AND SUBSCRIBED before me this the 20 day of March, 1962.

(NOTARY SEAL)

*[Signature]*  
Notary Public

My Commission Expires:

12/31/1964



AMENDMENTS TO

ARTICLES OF INCORPORATION

of

HUMANE SOCIETY OF NAPLES, INC.

RECEIVED  
APR 5 12 54 PM '62  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - is amended to read as follows:

The principal purpose for which this corporation is organized shall be for the prevention of cruelty to animals, for the protection and to provide for stray and homeless animals and to provide for education of the general public to prevent cruelty to animals. All activities of this organization shall be directed to the furtherance of these purposes and this organization shall not engage in any activities which do not directly advance these purposes.

ARTICLE XI - is amended to read as follows:

Upon dissolution of the Corporation, and prior to the completion thereof, all liabilities and obligations of the Corporation shall be paid, satisfied and discharged and all the remaining assets, property and income owned or held exclusively by the Corporation shall be expended for or applied to the purposes of the Corporation, or one or more of such purposes, exclusively, by transferring and conveying such assets, property and income to one or more corporations or organizations engaged in the prevention of cruelty to animals which activities are substantially similar to those of this Corporation, (no part of the net earnings of which inures to the benefit of any private shareholder or individual, and no substantial part of the activities of which is carrying on propaganda, or otherwise attempting to influence legislation) in accordance with the laws governing not-for-profit corporations of the State of Florida, and no part of such remaining assets, property or income shall be distributed to members or to any other persons whatsoever.

NO. 988-d

1962

**REPORT OF  
CORPORATION NOT FOR PROFIT**

Human Society  
(INCORPORATED)  
of Naples, Inc.

**P. O. ADDRESS**

Filed in the office of the Secretary of State  
of the State of Florida, this \_\_\_\_\_

day of \_\_\_\_\_

A. D. B. \_\_\_\_\_

**TOM ADAMS, Secretary of State**

**CORPORATION NOT FOR PROFIT  
REPORT TO THE SECRETARY OF STATE OF FLORIDA**

**MAR 27 1962**

*Provided, that railroad, utility, telephone, telegraph, insurance, banking and trust corporations, building and loan associations, cooperative associations, CORPORATIONS NOT FOR PROFIT and corporations paying the minimum capital stock fee, shall be required to furnish the information (listed below) required under (a) through (f) of subsection (1) hereof only. (2) All reports herein required shall be for the calendar year and shall be due to be filed on JULY 1 of EACH YEAR. Section 224.22, Florida Statutes, 1953.*

Hon. Tom Adams, Secretary of State  
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That THE HUMANE SOCIETY OF NAPLES, INC.  
Name of Corporation  
duly organized and existing under Chapter 617, Florida Statutes, 1950 as a corporation not for profit with its home office at NAPLES FLORIDA  
City State

COLLIER has designated P.O. BOX 451  
County Street or Building  
City of NAPLES County of COLLIER, State of Florida,  
as its place of business or domicile for the service of process within the State, and has named as its agent,  
SMITH, CARROLL AND VEGA

whose address is SUITE 12, BALCH BUILDING, NAPLES, FLORIDA

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>Mrs. Walter Keller, President</u>	<u>1542 10th Street, North - Naples, Florida</u>
<u>Mr. Tom Moran, Jr., Vice-President</u>	<u>626 West Lake Drive - Naples, Florida</u>
<u>Mrs. George Robinson, Sec.-Treas.</u>	<u>1516 10th Street, North - Naples, Florida</u>

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>Mrs. G. C. Carter</u>	<u>1976 Gallison Drive - Naples, Florida</u>
<u>Mr. Fred Lowdermilk</u>	<u>114 14th Avenue, South - Naples, Florida</u>
<u>Mr. Tim Cartool</u>	<u>Gulf Acres - Naples, Florida</u>

(4) GENERAL PURPOSE: CORPORATION NOT FOR PROFIT ORGANIZED IS: The protection of animals and provide for all stray and homeless animals, and the prevention of cruelty to any animals by humane education and enforcement of our laws.

(5) Date of last meeting of Board of Directors: February 22, 1962

Has the Corporation been actively engaged in conducting its affairs during the previous twelve months? Yes

If negative, state how long its charter powers have been dormant

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

Walter Keller  
President or Vice-President

ATTEST: James C. Lauer  
Secretary

STATE OF FLORIDA  
COUNTY OF Collier

Personally appeared before me Walter Keller  
who depose and say that he executed the certificate for and in behalf of said corporation, and that the statements therein contained is true and correct to the best of his knowledge and belief.

Given to and subscribed before me this 20 day of March 1962

REAL: James C. Lauer  
Commissioner of State Taking Acknowledgments  
Commissioner of State R Dec 1964

POSTMASTER

- ( ) Check Name for the Delivery
- ( ) Move, list an address
- ( ) Out of business
- ( ) No such address
- ( ) Unknown
- ( ) Closed for season
- ( ) Refused

RETURN REQUESTED

# Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 605.32(2), Florida Statutes)

State of Florida  
**TOM ADAMS**  
SECRETARY OF STATE  
Tallahassee, Florida

BULK RATE  
U. S. POSTAGE

PAID

Tallahassee, Fla.  
Permit No. 88

Refer to This Number  
in All Correspondence

21-07-NP-700988 1966

**HUMANE SOCIETY OF NAPLES, INC**  
~~LOIS MARIE HOUSE~~ Mrs. Walter Keller  
~~624 5TH AVE N~~ 1383 12th St. No.  
**NAPLES FLA**

886-000

OK

FILE  
SEP  
1966

1. **HUMANE SOCIETY OF NAPLES, INC.**  
(Give exact name of corporation)

(General nature of business or activity)  
2. **Prevention of cruelty  
to animals**

3. **P. O. BOX 1451** Naples Collier Florida  
(Street or Post Office Box of principal place of business) (City) (County) (State)

4. a. **Mrs. Walter Keller** President 1383 12th St. No.  
(Officers - Name) (Title) (Address)  
b. **Mrs. N. L. Wallingford** 1st Vice-Pres. 171 19th Ave. So.  
c. **Mr. Tom Morgan** 2nd Vice-Pres. 888 5th Ave. So.  
d. **Miss Jane Grunwell** Secretary Carriage Club  
e. **Mr. Edward Oates** Treasurer First National Bank

5. a. **Col. & Mrs. C. C. Carter** Honorary Chairman Carriage Club  
(Directors - Name) (Law requires at least (3) three) (Address)  
b. **Mrs. Denton Woodward** Royal Palm Club  
c. **Mrs. Edwin A. Jones** Beach Club Hotel  
d. **Mr. Fred M. Lowdermilk** 114 11th Ave. So.  
e. **Mr. John H. Slater** 305 1/2 Gordon Drive  
f. **Mrs. Edward Cope Smith** 585 16th Ave. So.  
g. **Mr. & Mrs. E. Clifford Wenzel, Jr.** 3131 Green Dolphin Lane  
6. **MRS. WALTER KELLER** 1383 12th St. No.  
(Resident Agent Name) (Address)

Insurance companies are not to complete item 6 pursuant to Section 624.0221, Florida Statutes.

7. Last meeting of Directors 5-12-66 8. Corporation Active? Yes 9. If inactive, inactivity began \_\_\_\_\_  
(Month - Day - Year) (Yes or No) (Month - Day - Year)  
10. If inactive, will corporation begin business in the future? Yes 11. Date Incorporated 5-20-60 12. If foreign corporation, Date Qualified in Fla. \_\_\_\_\_  
(Yes or No) (Month - Day - Year) (Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business. \_\_\_\_\_  
facts to be true and correct as shown by our books.

14. We, the undersigned, certify the above statement of \_\_\_\_\_

*Mrs. Walter Keller, Pres.*  
By President or Vice-President

Attest: *Jane E. Grunwell*  
Secretary

STATE OF FLORIDA  
COUNTY OF COLLIER

Personally appeared before me Mrs. Keller and Miss Grunwell  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 30 day of June 1966.

(Notary Seal)

*Walter C. Davis*  
Signature of Notary Public for Florida  
NOTARY PUBLIC, STATE OF FLORIDA  
MY COMMISSION EXPIRES MAY 7, 1969  
ISSUED THROUGH FRED W. BISHOP/CALDWELL

Send Original to: TOM ADAMS, SECRETARY OF STATE, TALLAHASSEE, FLORIDA

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

ORIGINAL

# Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 608.32(2), Florida Statutes)

State of Florida  
TOM ADAMS

SECRETARY OF STATE

Refer to This Number  
in All Correspondence

1967 JUL 10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

21-07-NR-700986

1967

HUMANE SOCIETY OF NAPLES, INC.  
MRS. WALTER KELLER  
1209 12TH STREET NO.  
NAPLES, FLA. 33940

1. HUMANE SOCIETY OF NAPLES, INC. (General nature of business or activity)  
2. Prevention of cruelty to animals

3. P.O. Box 451 Naples Collier Florida  
(Street or Post Office Box of principal place of business) (City) (County) (State)

4. a. Mrs. Walter Keller President & Director 1383 12th St. No.  
(Officers-Name) (Title) (Address)  
b. William H. Gracely 1st Vice-Pres. & Dir. 645 Fifth Ave. So.  
c. Tom Morgan 888 Fifth Ave. So.  
d. Miss Josephine D. Wharton 2nd Vice-President 888 Fifth Ave. So.  
e. Edward J. Oates, Jr. Secretary 186 10th Ave. So.  
f. Edward J. Oates, Jr. Treasurer & Director First National Bank

5. a. Mrs. C. C. Carter, Honorary Chairman of the Board Carriage Club  
b. Fred M. Loudermilk 111 14th Ave. So.  
(Directors-Name) (Law requires at least (3) three) (Address)  
c. Mrs. Edward Cope Smith 3511 Rum Row Bow-Line-Drive  
d. Mrs. Benson Woodward Royal Palm Club  
e. Mrs. R. L. Wallingford 171 19th Ave. So.  
f. Mr. Norman Bower 852 1st Ave. So.  
g. Mrs. Robert Keely, Jr. 730 Springline Drive  
h. Mrs. Joseph Powers 1666 4th St. So.  
i. Mrs. Jane Bingham 1st St. & 5th Ave. No.  
j. MRS. WALTER KELLER 1383 12th St. No.

6. Insurance companies are not to complete item 6 pursuant to Section 624.0221, Florida Statutes.  
(John Slater, Honorary Board Dir., 3500 Gordon Drive)

7. Last meeting of Directors June 8, 1967 8. Corporation Active? Yes 9. inactivity began \_\_\_\_\_  
(Month - Day - Year) (Yes or No) (Month - Day - Year)

10. If inactive, will corporation begin business in the future? \_\_\_\_\_ 11. Date Incorporated 5-20-60 12. Date Qualified in Fla. \_\_\_\_\_  
(Yes or No) (Month - Day - Year) (Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business. \_\_\_\_\_  
facts to be true and correct as shown by our books.

14. We, the undersigned, certify the above statement of \_\_\_\_\_

Mrs. Walter Keller  
By President or V-President

Attest: Josephine D. Wharton  
Secretary

STATE OF Florida  
COUNTY OF Collier

Personally appeared before me Mrs. Walter Keller  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 30th day of June 1967.

(Notary Seal) \_\_\_\_\_  
Signature of Notary Public

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXPIRES FEB. 2, 1968  
BONDED THROUGH FRED W. DISTENFELD

Send Original to: TOM ADAMS, SECRETARY OF STATE, TALLAHASSEE, FLORIDA.  
(SEE INSTRUCTIONS ON BACK OF LAST COPY)

ORIGINAL

# Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 806.22(2), Florida Statutes))

State of Florida  
**FILED TOM ADAMS**  
SECRETARY OF STATE  
Tallahassee, Florida

Refer to This Number  
in All Correspondence

1968 NOV - 7 9:36

81-07-ND6700988

1968

**HUMANE SOCIETY OF NAPLES, INC.**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
P.O. BOX 451  
NAPLES, FLA 34102

1. **HUMANE SOCIETY OF NAPLES, INC.**

(Give exact name of corporation)

(General nature of business or activity) **2. Prevention of cruelty to animals**

3. **P. O. Box 451**

(Street or Post Office Box of principal place of business)

**Naples**

(City)

**Collier**

(County)

**Florida**

(State)

4. **Mrs. Walter Keller**

(Officers Name)

(Title)

(Address)

b. **Mrs. Walter Keller**

**President & Director**

**560 Orchid Drive**

c. **William H. Gracely**

**1st Vice-Pres & Dir.**

**645 Fifth Ave. So.**

d. **Tom Morgan**

**2nd Vice-Pres.**

**888 Fifth Ave. So.**

e. **Miss Josephina D. Wharton**

**Secretary**

**186 10th Ave. So.**

f. **Edward J. Oates, Jr.**

**Treasurer & Director**

**First National Bank**

**Mrs. C. C. Carter, Honorary Chairman of the Board**

5. **Erud M. Loudermilk**

(Directors - Name) (Law requires at least (3) three)

(Address)

**114 14th Ave. So.**

b. **Mrs. Edward Cope Smith**

**3511 Rum Row**

c. **Mrs. Danton Woodward**

**Royal Palm Club**

d. **Mrs. N. L. Wallingford**

**171 19th Ave. So.**

e. **Norman Bown**

**852 1st Ave. So.**

f. **Mrs. Jane Bingham**

**1st St. & 5th Ave. No.**

6. **Mrs. Walter Keller**

(Resident Agent Name)

(Address)

**560 Orchid Drive**

Insurance companies are not to complete item 6 pursuant to Section 624.0221, Florida Statutes.

7. Last meeting of Directors June 6 1968

(Month - Day - Year)

8. Corporation Active? Yes

(Yes or No)

If inactive

9. inactivity began

(Month - Day - Year)

10. If inactive, will corporation begin business in the future?     

(Yes or No)

11. Date Incorporated 5-20-60

(Month - Day - Year)

12. If foreign corporation, Date Qualified in Fla.     

(Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business     

facts to be true and correct as shown by our books.

14. We, the undersigned, certify the above statement of     

*Mrs. Walter Keller*  
By President or V-President

Attest: *Josephina D. Wharton*  
Secretary

STATE OF FLORIDA  
COUNTY OF COLLIER

Person Ily appeared before me Mrs. Walter Keller  
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 5th day of November 1968.

(Notary Seal)

Signature of Notary (aking acknowledgment)

NOTARY PUBLIC, STATE of FLORIDA at LARGE  
MY COMMISSION EXPIRES MAR. 7 1969  
ISSUED THROUGH FIDELITY & SECURITY

OF STATE, TALLAHASSEE, FLORIDA.  
CK OF LAST COPY)

ORIGINAL

N P

9

88

N P 988



NP#988

HUMANE SOCIETY OF COLLIER  
COUNTY, INC.

Amend changing its name FROM  
HUMANE SOCIETY OF NAPELS, INC.

FILED IN OFFICE OF DEPARTMENT  
OF STATE, STATE OF FLORIDA.

by df, on 2/20/73

RICHARD (DICK) STONE  
SECRETARY OF STATE



WILLIAM H. GRACELY  
ATTORNEY AT LAW  
P. O. BOX 1786  
NAPLES, FLORIDA 33940  
813-649-6617

12 February 1973

Department of Revenue  
Tallahassee  
Florida 32304

In re: Humane Society of Naples, Inc.

Gentlemen:

Relative to the above I enclose the following:

- (1) my check in the amount of \$25.00
- (2) 2 signed copies of Certificate.

Please return to me one certified copy of the filed amendment to the articles.

FEB 1973 ? -103900 \*\*\*\*10.0

FEB 1973 ? -103800 \*\*\*\*15.0

Sincerely yours,

*W.H. Gracely*  
William H. Gracely

WHG:r

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FEB 20 5 30 PM '73

FILED

*Name Change  
Amendment*

*Count  
2/21/73  
Dk*

PRIVILEGE TAX	
C. TAX	
FINING	15.00
C. COPY	10.00
R. A. FEE	
P. COPY	
SEARCH	
TOTAL	25.00
BALANCE DUE	\$5
REFUND	

*cc #5*

*me*

CERTIFICATE

LOIS KERCKHOFF and VIRGINIA POST do hereby certify as follows:

- (1) They, respectively, are the duly elected, qualified and acting President and Secretary of the HUMANE SOCIETY OF NAPLES, INC., a Florida non-profit corporation;
- (2) At the annual meeting of the membership, held on 26 January 1973, in the City of Naples, Florida, a quorum was present; and
- (3) At such annual meeting, a majority of the members voted in favor of the amendment to the Articles of Incorporation, a true copy of such amendment being attached to this Certificate and made a part of this Certificate by this reference, and such amendment thereupon was duly and properly adopted by the members.

EXECUTED at Naples, Florida, this 29th day of January, 1973.

*Lois Kerckhoff*  
 \_\_\_\_\_  
 Lois Kerckhoff, President

*Virginia Post*  
 \_\_\_\_\_  
 Virginia Post, Secretary

STATE OF FLORIDA  
COLLIER COUNTY

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared LOIS KERCKHOFF and VIRGINIA POST, President and Secretary, respectively, of the HUMANE SOCIETY OF NAPLES, INC., a Florida non-profit corporation, to me known to be such persons and such officers, and they acknowledged before me that they executed the foregoing Certificate, in the respective capacities indicated, for the uses and purposes therein set forth.

WITNESS my hand and official seal, in the State and County named above, this 9<sup>th</sup> day of February, 1973.

*Enrique J. Bryant*  
 \_\_\_\_\_  
 NOTARY PUBLIC

My commission expires March 8, 1974.

FILED  
 FEB 28 5 30 PM '73  
 HALL COUNTY CLERK  
 PALM BEACH COUNTY

AMENDMENT TO THE  
ARTICLES OF INCORPORATION  
OF  
HUMANE SOCIETY OF NAPLES, INC.

ARTICLE I IS HEREBY AMENDED TO READ AS FOLLOWS:

"I.

The name of this Corporation shall be the HUMANE SOCIETY OF  
COLLIER COUNTY, INC."

ARTICLE VI IS HEREBY AMENDED TO READ AS FOLLOWS:

"VI.

The affairs of this Corporation shall be conducted by a  
Board of Directors composed of not less than six nor more than fifteen  
members. The officers shall be: President, Vice President, Secretary  
and Treasurer. The President and Vice President shall be Directors.  
The Secretary and Treasurer may, but need not, be Directors. At the  
annual meeting of the membership, all vacancies in the Board of Direc-  
tors and all officers shall be elected. Any vacancy in the Board of  
Directors or in any office, taking place during the year, shall be  
filled by a majority vote of the Board of Directors."

ARTICLE IX is hereby amended to read as follows:

"IX.

The highest amount of indebtedness or liability to which  
this Corporation may subject itself shall be \$250,000.00."

ARTICLE X IS HEREBY AMENDED TO READ AS FOLLOWS:

"X.

The amount of real estate which this Corporation may own  
shall not exceed \$250,000.00 in value."

RICHARD (DICK) STONE  
Secretary of State  
THE CAPITOL  
TALLAHASSEE, FLA.  
32304

STATE OF FLORIDA  
DEPARTMENT OF STATE  
**PRIVILEGE TAX RETURN**  
FOR CORPORATIONS & OTHER ENTITIES

*Maack*

HUMANE SOCIETY OF COLLIER COUNTY, INC.  
Mr. William H. Gracely  
474 Fifth Avenue South, P. O. Box 1796  
Naples, Florida 33940  
A700988

DATE DUE: JAN. 1, 1972  
DATE DELINQUENT: MAR. 1, 1972  
PLEASE TYPE

Change Mailing Address to: (same as above) \_\_\_\_\_ Zip \_\_\_\_\_

(Exact Corporate Name) Fed. Emp. I.D. No.

1. HUMANE SOCIETY OF COLLIER COUNTY, INC. 2. 59-1033966

(Street Address of Principal Office in Fla.) (City) (County) (State) (Zip)  
3. Airport Road Naples Collier Florida 33940

4.(a) Mrs. Lois O. Kerckhoff, President, 2340 Gordon Dr., Naples, Florida 33940

(b) Mr. William H. Gracely, Vice President, 474 5th Ave. S., Naples, Florida 33940

(c) Mrs. Carl Post, Secretary, 3231 Green Dolphin Lane, Naples, Florida 33940

(d) Mr. Edward J. Oates, Jr., Treasurer, 1010 5th Ave. S., Naples, Florida 33940

5.(a) Mrs. Lois O. Kerckhoff, Director, 2340 Gordon Dr., Naples, Florida 33940

(b) Mr. William H. Gracely, Director, 474 Fifth Ave. S., Naples, Florida 33940

(c) Mrs. Carl Post, Director, 3231 Green Dolphin Lane, Naples, Florida 33940

(d) Mr. Edward J. Oates, Jr., Director, 1010 5th Ave. S., Naples, Florida 33940

6. Mr. William H. Gracely, P. O. Box 1796, 474 5th Ave. S., Naples, Florida 33940

7. General Nature of Business see 10. 8. Date Formed or Incorporated 5/20/60 9. If Foreign Corporation, Date Qualified in Florida —/—/—

10. Capital Stock (or number and book value of all certificates of interest or participation):

Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a) This is a non-profit Florida corporation and does not have				\$ _____
(b) stock. This corporation is organized for the prevention of				\$ _____
(c) cruelty to animals.				\$ _____
(d) _____				\$ _____
(e) Total Book Value of Stock (Certificates) Issued				\$ _____

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined Membership is available to anyone interested in Humane Society work, but members have no property rights in the corporation.

12. Close of annual accounting period for this return 12/31/72

13. I/We declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31 have been paid as required under Chapter 201, Florida Statutes, and I/We further declare that this return is true and correct.

(Corporate Seal) HUMANE SOCIETY OF COLLIER COUNTY, INC. (Corporate Name)

Attest: \_\_\_\_\_ Secretary or Assistant Secretary By: *W.H. Gracely* President, WILLIAM H. GRACELY

Return Original (with Tax Payment) to DEPARTMENT OF STATE  
THE CAPITOL  
TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK

READ INSTRUCTIONS ON BACK

PRIVILEGE TAX NON-PROFIT ENTITIES \$2.00

PRIVILEGE TAX NON-PROFIT ENTITIES \$2.00

RICHARD (DICK) STONE  
 SECRETARY OF STATE  
 The Capitol  
 Tallahassee, Florida 32304

State of Florida  
 Department of State  
**ANNUAL REPORT**  
 for Corporations and Other Entities

JUL 30 1973 \*\*\*\*\*2.00

ADDRESS CORRECTION  
 REQUESTED

DATE DUE: JAN. 1, 1973  
 DATE DELINQUENT: MAR. 1, 1973

Please refer to this number for future correspondence  
 regarding this corporation

NAME: <u>HUMANE SOCIETY OF COLLIER COUNTY, INC.</u>	<u>7-00988</u>
ADDRESS: <u>Mr. William H. Gracely</u> <u>474 Fifth Avenue South</u> <u>P. O. Box 1796</u>	
CITY: <u>Naples</u>	STATE <u>Florida</u> ZIP <u>33940</u>

PLEASE TYPE

CHANGE MAILING ADDRESS TO: (same as above) Zip 33940

1. HUMANE SOCIETY OF COLLIER COUNTY, INC. 2. 59-1033966  
 (Exact Corporate Name) Fed. Emp. I.D. No.

3. Airport Road Naples Collier Florida 33940  
 (Street Address of Principal Office in Fla.) (City) (County) (State) (Zip)

(Officers Name)	(Title)	(Street Address)	(City)	(State)
4. (a) <u>Mrs. Lois O. Kerckhoff</u>	<u>President</u>	<u>2340 Gordon Dr.</u>	<u>Naples</u>	<u>Florida 33940</u>
(b) <u>Mr. William H. Gracely</u>	<u>Vice President</u>	<u>474 5th Ave. S.</u>	<u>Naples</u>	<u>Florida 33940</u>
(c) <u>Mrs. Carl Post</u>	<u>Secretary</u>	<u>3231 Green Dolphin Lane</u>	<u>Naples</u>	<u>Florida 33940</u>
(d) <u>Mr. Edward J. Oates, Jr.</u>	<u>Treasurer</u>	<u>1010 5th Ave. S.</u>	<u>Naples</u>	<u>Florida 33940</u>

(Directors, Trustees, Managers)	(Street Address)	(City)	(State)
5. (a) <u>Mrs. Lois O. Kerckhoff</u>	<u>Director</u>	<u>2340 Gordon Dr.</u>	<u>Naples, Florida 33940</u>
(b) <u>Mr. William H. Gracely</u>	<u>Director</u>	<u>474 5th Ave. S.</u>	<u>Naples, Florida 33940</u>
(c) <u>Mrs. Carl Post</u>	<u>Director</u>	<u>3231 Green Dolphin Lane</u>	<u>Naples, Florida 33940</u>
(d) <u>Mr. Edward J. Oates, Jr.</u>	<u>Director</u>	<u>1010 5th Ave. S.</u>	<u>Naples, Florida 33940</u>

6. Mr. William H. Gracely, P. O. Box 1796, 474 5th Ave. S., Naples, Florida 33940  
 (Florida Resident Agent Name) (Florida Street Address) (City) (Zip)

7. General Nature of Business: 8699  
 See page 2

8. Date Formed or Incorporated: 5 / 20 / 60  
 MO DA YR

9. If Foreign Corporation, Date Qualified in Florida:  / /  
 MO DA YR

10. Capital Stock (or number and book value of all certificates of interest or participation): **SHARES ISSUED**

Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a) <u>This is a non-profit Florida corporation and does not have</u>				\$
(b) <u>stock. This corporation is organized for the prevention of</u>				\$
(c) <u>cruelty to animals.</u>				\$

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined: Membership is available to anyone interested in Humane Society work, but members have no property rights in the corporation.

12. Fiscal close of accounting period: 12 / 31  
 MO DA

13. I/WE declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31, 1972 have been paid as required under Chapter 201, Florida Statutes, and I/WE further declare that this report is true and correct.

(Corporate Seal) Attest: \_\_\_\_\_  
 Secretary or Assistant Secretary

By: W. H. Gracely  
 Vice President, William H. Gracely

Return Original (with Filing Fee) to DEPARTMENT OF STATE  
 DRAWER 18  
 THE CAPITOL  
 TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK  
 FILING FEE PER NON-PROFIT ENTITY \$5.00  
 PER PROFIT ENTITY \$20.00

REPORT FOR YEAR 1974

FD 30-74 1 081\*\*\*\*\*2.00

ANNUAL REPORT FOR CORPORATIONS AND OTHER ENTITIES

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

1 CHARTER NUMBER 700986

2 DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA. 20 May 1960

SECRETARY OF STATE RICHARD (DICK) STONE P.O. BOX 6327 TALLAHASSEE, FLA. 32301

DUE JAN 1, 74

DELINQUENT JULY 1, 74

CORP-ART4 PAGE 1

3 EXACT NAME HUMANE SOCIETY OF COLLIER COUNTY, INC. 474 Fifth Avenue South - P. O. Box 1796 Naples, Florida 33940

4 FED. EMP. I.D. NO. 59-1033966 5 SICC (SEE PAGE 4)

6 RESIDENT AGENT William H. Gracely 474 Fifth Avenue South - P. O. Box 1796 Naples, Florida 33940

7 OFFICERS/DIRECTORS NAMES SEE ATTACHED LIST CITY / STATE

8 FISCAL CLOSE OF ACCOUNTING PERIOD 12

9 MAILING ADDRESS HUMANE SOCIETY OF COLLIER COUNTY, INC. Mr. William H. Gracely 474 Fifth Avenue South, P. O. Box 1796 Naples, Florida 33940

10 PRIMARY STOCK AUTH. STR. NONE PAR VALUE -0-

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (ON CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE [Signature] Vice President TEL NO. 649-6617

CORRECTIONS AND ADDITIONAL INFORMATION-PLEASE TYPE

4a FED. EMPLOYER ID. NO. 5a SICC 9999 (SEE PAGE 4)

Table with columns: OFFICERS/DIRECTORS, STREET ADDRESS, TITLE. Includes row 7a.

8a FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH)

Table with columns: OFFICERS/DIRECTORS, STREET ADDRESS, TITLE. Includes row 9a.

9b STREET ADDRESS CAPITAL STOCK OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION

10c This is a non-profit corporation without stock \$

10d IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

12 RESIDENT AGENT SIGNATURE [Signature] (IF DIFFERENT FROM NO. 6 ABOVE)

PLEASE READ INSTRUCTIONS ON PAGE 2 FILING FEES \$5.00 PROFIT ENTITY \$2.00 NON PROFIT



ADDENDUM - OFFICERS AND DIRECTORS  
 ANNUAL REPORT FOR CORPORATIONS AND OTHER ENTITIES  
 HUMANE SOCIETY OF COLLIER COUNTY, INC.

<u>OFFICERS/DIRECTORS</u>	<u>STREET ADDRESS</u>	<u>TITLE</u>
Mrs. Lois O. Kerckhoff	2340 Gordon Drive Naples, Florida 33940	President and Director
Mr. William H. Gracely	P. O. Box 1796 474 Fifth Avenue, South Naples, Florida 33940	Vice President and Director
Mrs. Carl Post	3231 Green Dolphin Lane Naples, Florida 33940	Secretary and Director
Mr. Edward J. Oates, Jr.	People's National Bank 1010 Fifth Avenue, South Naples, Florida 33940	Treasurer and Director
Mrs. Lori Keller	560 Orchid Drive Naples, Florida 33940	Director
Mr. Kenneth Benta	533 Yellowbird Street Marco, Florida 33937	Director
Mrs. John Bingham	P. O. Box 975 Naples, Florida 33940	Director
Dr. William O. Webb	2626 Tamiami Trail, East Naples, Florida 33940	Director
Mrs. Earl E. Fisher	3951 Gulf Shore Blvd., N. Naples, Florida 33940	Director
Mr. Fred M. Lowdermilk	114 14th Avenue South Naples, Florida 33940	Director
Mr. Winfield Perdun	750 Admiralty Parade Naples, Florida 33940	Director
Mrs. James E. Doane	1857 Galleon Drive Naples, Florida 33940	Director
Mrs. Louise R. Powers	207 Harbour Drive - Apt. 11 Naples, Florida 33940	Director
Mr. Justus I. Wakelee	4115 Cutlass Lane Naples, Florida 33940	Director
Dr. Robert Dilbone	Naples Animal Hospital P. O. Box 86 Naples, Florida 33940	Director

141

ANNUAL FILING FEES

\$5.00 - PROFIT CORP.  
\$2.00 - NON-PROFIT CORP.

CORPORATION  
ANNUAL REPORT

FEB 10-75 1 099\*\*\*\*\*2.00

DUE - JAN. 1 DELINQUENT - JULY 1 VALIDATION AREA - DO NOT WRITE IN THIS SPACE

REMIT THIS FORM  
& FILING FEE TO:

SECRETARY OF STATE  
THE CAPITOL  
TALLAHASSEE, FLORIDA  
32304

① 700988  
CHARTER NUMBER

4

② 05/20/1960  
DATE INC. OR IF FOREIGN  
DATE QUALIFIED IN FLA.

③ SIC CODE 9999  
SEE ENVELOPE BACK  
③a CHANGE TO:

1974 YEAR OF LAST REPORT  
FILED IN THIS OFFICE

④ FED. EMPLOYER ID. NO. 59-1033966

⑤ FISCAL CLOSE OF  
ACCOUNTING PERIOD (MO) 12

1975 YEAR(S) THIS REPORT  
COVERS

④a CHANGE TO:

⑤a CHANGE TO:

⑥ HUMANE SOCIETY OF COLLIER COUNTY, INC.

EXACT  
NAME

DO NOT WRITE IN THIS SPACE FOR DIVISION USE ONLY

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN 29 11 37 PM 1975

Bm

⑦ IF RESIDENT AGENT AND/OR ADDRESS IS DIFFERENT, WRITE  
THIS OFFICE AT THE ABOVE ADDRESS FOR PROPER FORMS:  
RESIDENT AGENT AND STREET ADDRESS  
WILLIAM H. GRACELY  
474 FIFTH AVENUE SOUTH - P.O. BOX 1796  
NAPLES, FLORIDA 33940

NOTICE: IN THE FUTURE, ALL MAIL WILL BE ADDRESSED TO THE PHYSICAL STREET ADDRESS OF CORPORATION.  
TO COMPLY WITH THIS REQUIREMENT, PLEASE CHANGE THE MAILING ADDRESS TO REFLECT THE  
PHYSICAL STREET ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS IF NOT ALREADY STATED.

⑧ 700988  
HUMANE SOCIETY OF COLLIER COUNTY, INC.  
MR. WILLIAM H. GRACELY  
ADDRESS 474 FIFTH AVENUE SOUTH, P.O. BOX 1796  
NAPLES FLA 33940

⑧a CHANGE TO:  
NO P.O. BOX

PLEASE READ INSTRUCTIONS ON BACK

⑨ OFFICERS/DIRECTORS NAMES	STREET ADDRESS	CITY / STATE	TITLE(S)
KERCKHOFF, LOIS G.	2340 Gordon Drive	NAPLES, FL	PRES DIR
GRACELY, WILLIAM H.	474 Fifth Ave. S. (P. O. 1796)	NAPLES, FL	V.P. DIR
POST, <del>XXX</del> Virginia	3231 Green Dolphin Lane	NAPLES, FL	SEC DIR
<del>XXXXXXXXXXXXXXXXXXXX</del>		<del>XXXXXXXXXXXX</del>	<del>DIR</del>
Oates, Edward J., Jr.	10-10 Fifth Avenue South	Naples, FL	Treas Dir

STRIKE THROUGH INCORRECT ENTRY AND TYPE CORRECT INFORMATION IN SPACE PROVIDED IMMEDIATELY BELOW LINE

⑩ CAPITAL STOCK

NO CAPITAL STOCK  
FLORIDA NON-PROFIT CORPORATION

⑩a CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION):  
CLASS OR TYPE PAR NO PAR OR STATE VALUE SHARES AUTHORIZED NUMBER BOOK VALUE  
(1) N/A \$  
(2) \$

IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE *William H. Gracely*  
TITLE Vice President William H. Gracely  
DATE 16 January 1975 TEL. NO. 813-649-6617

1 700984  
 CHARTER NUMBER

2 20 May 1960  
 DATE INC. OR IF FOREIGN  
 DATE QUALIFIED IN FLA.

**ANNUAL REPORT**  
 FOR CORPORATIONS AND  
 OTHER ENTITIES

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

FL -2-74 1 293\*\*\*\*\*2.00

3 EXACT NAME  
 HUMANE SOCIETY OF COLLIER COUNTY, INC.  
 474 Fifth Avenue South - P. O. Box 1796  
 Naples, Florida 33940

4 FED. EMP. I.D. NO. 59-1033966

5 SICC  
 (SEE PAGE 4)

6 RESIDENT AGENT  
 William H. Gracely  
 474 Fifth Avenue South - P. O. Box 1796  
 Naples, Florida 33940

7 OFFICERS/DIRECTORS NAMES  
 SEE ATTACHED LIST

8 FISCAL CLOSE OF ACCOUNTING PERIOD 12

9 HUMAN SOCIETY OF COLLIER COUNTY, INC.  
 Mr. William H. Gracely  
 474 Fifth Avenue South, P. O. Box 1796  
 Naples, Florida 33940

10 PRIMARY STOCK  
 AUTH. STK. NONE PAR VALUE -0-

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE *W. H. Gracely*  
 TITLE President TEL. NO. 649-6617

SECRETARY OF STATE  
 RICHARD (DUCK) STONE  
 P.O. BOX 6327  
 TALLAHASSEE, FLA. 32301

DUPLICATE JAN 1, DELINQUENT JULY 1, CORP-ART4 PAGE 1

**CORRECTIONS AND ADDITIONAL INFORMATION-PLEASE TYPE**

4a FED. EMPLOYER ID. NO.

5a SICC (SEE PAGE 4)

6a OFFICERS/DIRECTORS

7a OFFICERS/DIRECTORS STREET ADDRESS TITLE

8a FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH)

9a

9b STREET ADDRESS

10a CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION)

CLASS OR TYPE	PAR. NO. PAR. OR STATED VALUE	SHARES AUTHORIZED	NUMBER BOOK VALUE
(1) This is a non-profit corporation without stock \$			
(2) IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED			

12 RESIDENT AGENT SIGNATURE (IF DIFFERENT FROM NO. 6 (ABOVE))

PLEASE READ INSTRUCTIONS ON PAGE 2  
 FILING FEES \$5.00 PROFIT ENTITY \$2.00 NON PROFIT

ADDENDUM - OFFICERS AND DIRECTORS  
 ANNUAL REPORT FOR CORPORATIONS AND OTHER ENTITIES  
 HUMANE SOCIETY OF COLLIER COUNTY, INC.

<u>OFFICERS/DIRECTORS</u>	<u>STREET ADDRESS</u>	<u>TITLE</u>
Mrs. Lois O. Kerckhoff	2340 Gordon Drive Naples, Florida 33940	President and Director
Mr. William H. Gracely	P. O. Box 1796 474 Fifth Avenue, South Naples, Florida 33940	Vice President and Director
Mrs. Carl Post	3231 Green Dolphin Lane Naples, Florida 33940	Secretary and Director
Mr. Edward J. Oates, Jr.	People's National Bank 1010 Fifth Avenue, South Naples, Florida 33940	Treasurer and Director
Mrs. Lori Keller	560 Orchid Drive Naples, Florida 33940	Director
Mr. Kenneth Benta	533 Yellowbird Street Marco, Florida 33937	Director
Mrs. John Bingham	P. O. Box 975 Naples, Florida 33940	Director
Dr. William O. Webb	2626 Tamiami Trail, East Naples, Florida 33940	Director
Mrs. Earl E. Fisher	3951 Gulf Shore Blvd., N. Naples, Florida 33940	Director
Mr. Fred M. Lowdermilk	114 14th Avenue South Naples, Florida 33940	Director
Mr. Winfield Perdun	750 Admiralty Parade Naples, Florida 33940	Director
Mrs. James E. Doane	1857 Galleon Drive Naples, Florida 33940	Director
Mrs. Louise R. Powers	207 Harbour Drive - Apt. 11 Naples, Florida 33940	Director
Mr. Justus I. Wakelee	4115 Cutlass Lane Naples, Florida 33940	Director
Dr. Robert Dilbone	Naples Animal Hospital P. O. Box 86 Naples, Florida 33940	Director

# CORPORATION ANNUAL REPORT

FEB - 4<sup>th</sup> 1976    -132500-\*\*\*\*5.00

DEFERRED - JAN. 1      DELINQUENT - JULY 1      VALIDATION AREA (DO NOT WRITE IN THIS SPACE)

①	700988	4	②	05/20/1968	③	SICC SEE ENVELOPE BACK	0999	1975	YEAR OF LAST REPORT FILED IN THIS OFFICE
<small>CHARTER NUMBER</small>		<small>DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.</small>			④a		CHANGE TO:		
④		FED. EMPLOYER ID. NO. 50-1033966			④b		CHANGE TO:		
④a		CHANGE TO:			1976		YEAR(S) THIS REPORT COVERS		

⑤ **GRAND SOCIETY OF COLLIER COUNTY, INC.**

**PLEASE READ INSTRUCTIONS ON BACK**

EXACT NAME

⑥ **700988  
GRAND SOCIETY OF COLLIER COUNTY, INC.  
PO. WILLIAM H. GRACELY  
474 FIFTH AVENUE SOUTH, P.O. BOX 1796  
NAPLES FLA 33940**

⑥b **STREET ADDRESS CHANGE**

⑦ **WILLIAM H. GRACELY  
474 FIFTH AVENUE SOUTH - P.O. BOX 1796  
NAPLES, FLORIDA 33940**

⑦a **REGISTERED AGENT NAME CHANGE  
AND/OR ADDRESS CHANGE  
INCLUDE REGISTERED OFFICE ADDRESS**

⑧ NAMES OF ALL OFFICERS AND DIRECTORS	STREET ADDRESS	CITY / STATE	TITLES MUST BE SHOWN	
<del>XXXXXXXXXXXXXXXXXXXX</del>	2340 Gordon Drive	NAPLES, FL	PRES	DIR
TRAVERS, LOIS O.				
GRACELY, WILLIAM H.	474 Fifth Avenue South	NAPLES, FL	V.P.	DIR
<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>XXXXXXXXXXXXXXXXXXXX</del>	NAPLES, FL	SEC	DIR
DAVIS, MARY F.	1240 Delmar Lane			
WATTS, EDWARD I, JR.	1010 Fifth Avenue South	NAPLES, FL	TOLR	DIR

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH.

SIGNATURE *William H. Gracely*  
**William H. Gracely**  
 TITLE Vice President TEL. NO. 813-649-6617  
 DATE 28 January 1976

**SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE**



STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
**CORPORATION ANNUAL REPORT**  
**1977**

APPROVED AND FILED  
JAN 22-77 1 399

FEB 7 10 45 AM 1977

Bruce A. Smathers  
Secretary of State  
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE.

**READ NOTICE AND INSTRUCTIONS ON OTHER SIDE OF THIS REPORT**

1. Name and Address of Corporation Principal Office:  700988 HUMANIE SOCIETY OF COLLIER COUNTY, INC. MR. WILLIAM H. GRACELY 474 FIFTH AVENUE SOUTH, P.O. BOX NAPLES FLA 33940	2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.  Street Address  P.O. Box No. 1796  City  State  Zip Code
---	--

*If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.*

3. Date Incorporated or Qualified To Do Business in Florida <b>05/20/1960</b>	4. Federal Employer Identification Number (FEIN) <b>59-1033966</b>	5. Date of Last Report <b>1976</b>
--	---	---------------------------------------

6. Names and Street Addresses of Each Officer and Director				
Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
TRAVERS, LOIS D.	DIR	DIR	2340 GORDON DRIVE	NAPLES, FL
GRACELY, WILLIAM H.	V.P.	DIR	474 FIFTH AVE, SOUTH	NAPLES, FL
DAVIS, MARY F.	SECT.	DIR	1240 DELMAR LANE	NAPLES, FL
DATES, EDWARD J, JR.	TREAS	DIR	1010 FIFTH AVE, SOUTH	NAPLES, FL
THOMAS, GAY	PRES.	DIR	2180 SHEEPSHEAD DRIVE	NAPLES, FL

7. Registered Agent Information:  If you wish to change Registered Agent on this form, enter all new information here	Name <b>WILLIAM H. GRACELY</b>	Street Address (Do NOT Use P.O. Box Number) <b>474 FIFTH AVENUE SOUTH - P.O.</b>
	City, State and Zip Code <b>NAPLES, FLORIDA 33940</b>	
	Name	Street Address (Do NOT Use P.O. Box Number)
	City, State and Zip Code	

8. An officer of the Corporation must sign this report. This report must be signed by one of the following. The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.  
*No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Typed Name of Signing Officer <b>William H. Gracely</b>	Title <b>Vice President</b>	Telephone Number <b>262-1009</b>
Signature <i>W.H. Gracely</i>		Date <b>3 January 1976</b>

**THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE**

corp-32

NP # 988

HUMANE SOCIETY OF COLLIER COUNTY, INC.

New Corporation       Reincorporation       Amendment (\$617.02)

Filed: May 20, 1960

By:

ORIGINAL NAME: HUMANE SOCIETY OF NAPLES <sup>of</sup> INC. <sup>o</sup>

- (A) RA filed 6/20/60
- (B) Exempt Tax Report filed 2/8/61
- (C) AMEND Art II and XI filed 5 April 1962
- (D) NP CORP RPT FIL Mar 27, 1962
- (E) NP CORP RPT filed Jul 9, 1963
- (F) Amend Arth Pres name filed 2/20/73

235





THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION  
ANNUAL REPORT



STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
JAN 27-79 2 118\*\*\*\*\*1000

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

◀ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ▶

1. Name and Address of Corporation Principal Office

700988  
HUMANE SOCIETY OF COLLIER COUNTY, INC.  
MR. WILLIAM H. GRACELY  
474 FIFTH AVENUE SOUTH, P.O. BOX 1796  
NAPLES FLA 33940

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address  
P.O. Box No.  
City  
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

5/20/1960

4. Federal Employer Identification Number (FEIN)

59-1033966

5. Date of Last Report

1978

6. Names and Street Addresses of Each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
THOMAS, BAY	P/O	2180 SHEEPSHEAD DRIVE	NAPLES, FL
GRACELY, WILLIAM H.	V/O	474 FIFTH AVE. SOUTH	NAPLES, FL
BRVIS, HARY F.	S	1240 DELMAR LANE	NAPLES, FL
DATES, EDWARD J, JR.	T/O	1010 FIFTH AVE. SOUTH	NAPLES, FL
BRIGGS, JAMES L.	S/D	643 18TH AVE SOUTH	NAPLES, FL

RECEIVED  
CORPORATIONS DIVISION  
STATE OF FLORIDA  
JAN 27 1979

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information below.

Name  
GRACELY, WILLIAM H.  
Street Address (Do NOT Use P.O. Box Number)  
574 FIFTH AVENUE SOUTH - P.O. BOX 1796  
City, State and Zip Code  
NAPLES, FLORIDA 33940

Name  
Street Address (Do NOT Use P.O. Box Number)  
City, State and Zip Code

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer

William H. Gracely

Title

Vice President


Telephone Number

(813) 262-6617

Date

4 January 1979

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

<p><b>CORPORATION ANNUAL REPORT</b></p>  <p><b>1980</b></p> <p>THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	<p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE <b>AND FILED</b></p> <p>Mar 12 10 13 AM 1980</p> <p>FLORIDA DEPT. OF STATE CORPORATIONS DIVISION TALLAHASSEE, FLORIDA</p>
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READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES  
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1. Name and Address of Corporation Principal Office:</p> <p>700988 HUMANE SOCIETY OF COLLIER COUNTY, INC. MR. WILLIAM H. GRACELY 474 FIFTH AVENUE SOUTH, P.O. BOX 1796 NAPLES FLA 33940</p> <p>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address C/O William H. Graceley 2408 Linwood Ave., Naples 33942</p> <p>P.O. Box No. P. O. Box 1796</p> <p>City Naples</p> <p>State Florida</p> <p>Zip Code 33939</p>
--	--

3. Date Incorporated or Qualified To Do Business in Florida 5/20/1960	4. Federal Employer Identification Number (FEIN) 59-1033966	5. Date of Last Report 1979
--	--	--------------------------------

6. Name and Street Addresses of Each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
<del>THOMAS GAY</del>	<del>P/D</del>	<del>2188 SHEEPHEAD DRIVE</del>	<del>NAPLES, FL</del>
GRACELY, WILLIAM H.	V/D	474 FIFTH AVE. SOUTH	NAPLES, FL
DATES, EDWARD J, JR.	T/D	1010 FIFTH AVE. SOUTH	NAPLES, FL
BRIGGS, JAMES L.	S/D	643 18TH AVE SOUTH	NAPLES, FL
Maritz, Lloyd	P/D	1340 Spyglass Lane	Naples, Florida 33940
Anderson, Gene C.	V/D	11 Sabre Cay Lane	Naples, Florida 33940

<p>7. Registered Agent Information</p> <p>Name GRACELY, WILLIAM H.</p> <p>Street Address (Do NOT Use P.O. Box Number) 2408 Linwood Ave. P.O. BOX 1796 - P.O. BOX 1796</p> <p>City, State and Zip Code NAPLES, FLORIDA 33939</p>	<p>To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the Corporation must be filed with a fee of \$3.</p> <p>3-12-80</p>
---	---

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer William H. Graceley	Title Vice President	Telephone Number (813) 775-4538
Signature <i>William H. Graceley</i>		Date 11 February 1980

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

JUN 30 11 12 AM '81

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1981

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

PLEASE STAPLE CHECK TO ANNUAL REPORT

9908 6/23/81 700985

1. Name and Address of Corporation Principal Office:

700988  
HUMANE SOCIETY OF COLLIER COUNTY, INC.  
C/O WILLIAM H GRACELY  
2408 LINWOOD AVE  
NAPLES, FL 33942

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Main Office, P.O. Box Number Alone is NOT sufficient

Street Address  
Airport Rd.  
P.O. Box No.  
P. O. Box 451, Naples  
City  
Florida 33939  
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

5/20/1960

4. Federal Employer Identification Number (FEIN)

59-1033966

5. Date of Last Report

1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Robert Michael	P/D	1005 Rose Way	NAPLES, FL 33942
GATES, EDWARD J, JR.	T/D	1010 FIFTH AVE. SOUTH	NAPLES, FL
BRIGGS, JAMES L.	S/D	643 18TH AVE SOUTH	NAPLES, FL
MARITZ, LLOYD	P/D	1340 SPYGLASS LANE	NAPLES, FL
Diane Eller	V/D	741 Hickory Rd.	NAPLES, FL 33940

7. Registered Agent Information

Name  
Robert Michael  
Street Address (Do NOT Use P.O. Box Number)  
1005 Rose Way  
City, State and Zip Code  
NAPLES, FLORIDA 33942

To change the Registered Agent and/or Register a new separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer

Edward J. Oates, Jr.

Title

Treasurer, Bd. of Directors

Telephone Number

261-8811

Signature

Date

1/30/81

DO NOT WRITE IN THIS SPACE

Failure to file this



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State

Telephone Number:  
904/488-9840

STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, of the State of Florida.

700988  
3.00 DS

FIRST: The name of the corporation is Humane Society of Collier County, Inc.

SECOND: The address of its present registered office is c/o William H. Gracely  
2408 Linwood Avenue, Naples, FL 33942

THIRD: The address to which its registered office is to be changed is c/o Robert Michael  
1005 Rose Way, Naples, FL 33942

FOURTH: The name of its present registered agent is William H. Gracely

FIFTH: The name of its successor registered agent is Robert Michael

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated 1/30/81, 1981

Humane Society of Collier County, Inc.

(exact corporate name)

SIGNATURE *David Eiler*  
(President or Vice-President)

FILING FEE: \$3.00

DATE May 5, 1981

SIGNATURE *Robert Michael*  
(Registered Agent)

DATE May 5, 1981

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
**1983**



George Christian  
Secretary of State

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

JUN 30 11 50 AM '83

005 6725 6/30/83

005 6725 6/30/83

3.00

3.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Copies  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

**70096A**  
**HUMANE SOCIETY OF COLLIER COUNTY, INC.**  
**370 AIRPORT RD N**  
**N/A**  
**NAPLES, FLORIDA 33942**

A. Enter Change of Address of Corporation Principal Office (40 Box Number Address NOT Sufficient)

Street Address

P.O. Box No.

City

State

Date

005 6725 6/30/83

005 6725 6/30/83

2. Date Incorporation Certificate Issued To SA Business Period: **05/20/1960**

3. Date of Last Meeting: **04/08/1982**

4. Names and Street Addresses of Each Officer and Director

Name of Officer and Director	Title	Street Address of Office (Do NOT Use Box Office for Mailing)	City and State	0000
ELLER, DIANE	Pres.	741 HICKORY ROAD	NAPLES, FL	0000
PHARIS, CHARLES R.	T/D	545 WHISPERING PINES CT	NAPLES, FL	0000
HUBSCHMAN, CONNIE	P/D	3451 TAMIAHI TRAIL E	NAPLES, FL	0000
WICKS, JEAN	S/D	625 ANCHOR ROAD DR	NAPLES, FL	0000
Jerry Jones	T/D	1315 White Blvd.	Naples, FL	

Registered Agent Information

5. Name and Street Address of Registered Agent

**HUBSCHMAN, CONNIE**

**3451 TAMIAHI TRAIL E**

**Naples, FL 33942**

6. Name and Street Address of Last Registered Agent

**Diane Eller**

**741 Hickory Rd.**

**Naples, FL 33942**

If it should be the case where a change of registered agent is desired, the change must be reported to the Secretary of State within the time limits of Florida Statute 607.01, and a statement of the change of registered agent must be filed with the State of Florida.

Each change must be accompanied by a statement of the change of registered agent.

Signature: *Diane Eller* Date: **6-18-83**

**\$5.00 additional fee required for Registered Agent changes.**

7. Signature of Signing Officer

*Diane Eller* Date: **6-18-83**

8. Title of Signing Officer

**President** Date: **597-4451**

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

1982

George Firestone  
Secretary of State

DO NOT WRITE IN THIS SPACE

APPROVED

Apr 13 1982

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient	
700988 HUMANE SOCIETY OF COLLIER COUNTY, INC. <del>770 MILLER ST. GORRELY</del> AIRPORT ROAD/PO BOX 485 NAPLES FL 33939		Street Address 370 Airport Rd. N. P.O. Box No. n/a City Naples, State Florida 33942	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.			

3. Date Incorporated or Qualified To Do Business in Florida	05/20/1960	4. Federal Employer Identification Number (FEIN)	59-1033966	5. Date of Last Report	06/30/1981
---	------------	--	------------	------------------------	------------

6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
<del>MICHAEL, ROBERT</del>	<del>P/D</del>	<del>1005 ROSE WAY</del>	<del>NAPLES, FL</del>
<del>GATES, EDWARD J, JR.</del>	<del>T/D</del>	<del>1010 FIFTH AVE. SOUTH</del>	<del>NAPLES, FL</del>
<del>BRIGGS, JAMES L.</del>	<del>S/D</del>	<del>643 18TH AVE SOUTH</del>	<del>NAPLES, FL</del>
<del>HARITZ, LLOYD</del>	<del>P/D</del>	<del>1340 SPYGLASS LANE</del>	<del>NAPLES, FL</del>
<del>ELLER, DIANE</del>	<del>V/D</del>	<del>741 HICKORY ROAD</del>	<del>NAPLES, FL</del>
Connie Hubschman	P/D	3451 Tamiami Trail E.	Naples, FL
Charles R. Pharis	T/D	545 Whispering Pines Ct.	Naples, FL
Jean Hicks	S/D	625 Anchor Road Dr.	Naples, FL

Registered Agent Information

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
MICHAEL, ROBERT 1005 ROSE WAY NAPLES, FLORIDA 33942	Name Connie Hubschman Street Address (Do NOT Use P.O. Box Number) 3451 Tamiami Trail E. City, State and Zip Code Naples, FL 33942

9. Pursuant to the provisions of Sections 157.034 and 607.007, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, hereby certifies that the purpose of changing the registered office or registered agent or both in the state of Florida is such change is authorized by resolution duly adopted by its board of directors on January 27, 1982

SIGNATURE Connie Hubschman DATE Mar. 1, 1982

Registered Agent Accepting Appointment

\$1.00 additional fee required for Registered Agent changes.

10. See signature instructions under instructions on reverse side of this form.

I Certify that I am an Officer of the Corporation, its Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. and I Understand My Signature on This Report Shall Have the Same Legal Effect as if Made Under Oath.

Signature Connie Hubschman Date Mar. 1, 1982

Title Name of Signing Officer President, Bd. of Dir. Telephone Number 813-774-3434

700988

**FORSYTH & SCARBOROUGH, P.A.**

ATTORNEYS AT LAW  
600 FIFTH AVENUE SOUTH, SUITE 210  
NAPLES, FLORIDA 33940-6668  
(813) 263-6700

JOHN P. FORSYTH  
JAMES R. SCARBOROUGH (RETIRED)

JOHN M. SWALM III  
M. GREG LEE  
JOHN N. BRUGGER

November 2, 1983

Corporate Records Bureau  
Division of Corporations  
Dept. of State  
P.O. Box 6327  
Tallahassee, Florida 32301

005 2626 11/08/83

005 2626 11/08/83

15.00  
15.00

re: The Humane Society of Collier County, Inc.

Gentlemen:

Enclosed find original and copy of Amended and Restated Articles of Incorporation of The Humane Society of Collier County, Inc. along with our check in the sum of \$15.00.

Please file and return the copy marked with filing date. Thank you for your cooperation.

Very truly yours,

*Wenke Brandes*

(Mrs) Wenke Brandes,  
Legal Assistant to John N. Brugger

Encl.

FILED  
NOV 25 10 1983  
TALLAHASSEE, FLORIDA

*Name Change*

Manager	
Assistant	112-13
Secretary	TLL/54
Updater	TLL/11/83
Verifier	11/10
Administrative	TLL/10/83
File	File

C. TAX	
FILING	15.00
R. AGENT FEE	
C. COPY	
TOTAL	15.00
M. BANK	
BALANCE DUE	
REFUND	

AMENDED AND RESTATED ARTICLES OF INCORPORATION  
OF  
THE HUMANE SOCIETY OF COLLIER COUNTY, INC.

FILED  
MAY 13 1983  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 617.0201 (4), Florida Statutes (1982), the Articles of Incorporation of THE HUMANE SOCIETY OF COLLIER COUNTY, INC., a Florida corporation not for profit, are hereby amended and restated in their entirety. The corporation was originally incorporated under the name of THE HUMANE SOCIETY OF NAPLES, INC. and its original Articles of Incorporation were filed on June 3, 1968. The Amended and Restated Articles of Incorporation of THE HUMANE SOCIETY OF COLLIER COUNTY, INC., shall henceforth be as follows:

ARTICLE I

NAME:

The name of this corporation shall be THE HUMANE SOCIETY OF COLLIER COUNTY, INC., and it shall be located in Collier County, Florida.

ARTICLE II

PURPOSE:

The purpose for which this Corporation is organized shall be to aid in the prevention of cruelty to animals, the relief of suffering among animals by providing care, both medical and physical and to provide for education of the general public to prevent cruelty to animals. This Organization may engage in any activities which directly or indirectly further these purposes.

ARTICLE III

MEMBERSHIP:

Membership in this Organization shall be open to the public with qualification and admission to be in a manner set forth in the By-laws.

ARTICLE IV

TERM:

The term of this Corporation shall be perpetual.

ARTICLE V

DIRECTORS AND OFFICERS:

A. The affairs of this Corporation shall be conducted by a Board of Directors composed of not less than six (6) nor more than fifteen (15) members who shall be selected in manner set forth in the By-laws.

B. The business of the Corporation shall be conducted by the officers designated in the By-laws. The officers shall be elected by the Board of Directors at its first meeting following



the annual meeting of the members of the Corporation and shall serve at the pleasure of the Board.

#### ARTICLE VI

##### AMENDMENTS:

These Articles of Incorporation and the By-laws of this Corporation may be amended in a manner set forth in the By-laws.

#### ARTICLE VII

##### INDEBTEDNESS:

The highest amount of indebtedness or liability to which this Corporation may subject itself shall be \$250,000.

#### ARTICLE VIII

##### DISSOLUTION:

Upon dissolution of the Corporation, and prior to the completion thereof, all liabilities and obligations of the Corporation shall be paid, satisfied and discharged and all the remaining assets, property and income owned or held exclusively by the Corporation shall be expended for or applied to the purposes of the Corporation, or one or more of such purposes, exclusively, by transferring and conveying such assets, property and income to one or more corporations or organizations engaged in the prevention of cruelty to animals which activities are substantially similar to those of this Corporation, (no part of the net earnings of which inures to the benefit of any private shareholder or individual, and no substantial part of the activities of which is carrying on propaganda, or otherwise attempting to influence legislation) in accordance with the laws governing not-for-profit corporations of the State of Florida, and no part of such remaining assets, property or income shall be distributed to members or to any other persons whatsoever.

CERTIFICATE

The undersigned, being the duly elected and acting President and Secretary of THE HUMANE SOCIETY OF COLLIER COUNTY, INC., hereby certify that the foregoing were duly proposed by a majority vote at a regular meeting of the Board of Directors called for the purpose and held on the 18th day of October, 1983. The undersigned certify that the foregoing were approved by a two-thirds (2/3) vote of the Board of Directors at the regular meeting of the Board of Directors held on the 18th day of October, 1983, in accordance with the requirements of the Articles of Incorporation for their amendment. The foregoing both amend and restate the amended Articles of Incorporation in their entirety.

Executed this 15<sup>th</sup> day of November, 1983.

THE HUMANE SOCIETY OF COLLIER COUNTY, INC.

By: Diane Eller  
DIANE ELLER President

Attest: Jean J. Hicks  
JEAN J. HICKS Secretary

(corporate seal)

STATE OF FLORIDA

COUNTY OF COLLIER

Subscribed to before me this 15<sup>th</sup> day of November, 1983, by Diane Eller and Jean J. Hicks, President and Secretary, respectively, of THE HUMANE SOCIETY OF COLLIER COUNTY, INC., a Florida corporation not for profit, on behalf of said corporation.

J. B. [Signature]  
Notary Public

My commission expires:

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES AUG. 12, 1985  
NOTED THROUGH MICROFILM CONTROL INC

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
**1984**



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED  
AND  
FILED

JUL 9 8 57 AM 1984

Read Notice and Instructions on Other Side Before Making Entries: Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Above is NOT Sufficient	
700988 HUMANE SOCIETY OF COLLIER COUNTY, INC. (THE 370 AIRPORT RD N N/A NAPLES, FLORIDA 33942		Street Address P.O. Box No. City State Zip Code	
If above address is incorrect in any way, enter the correct address in item 2; include Zip Code.			

3. Date Incorporated or Qualified To Do Business in Florida: 05/20/1960	4. Federal Employer Identification Number (FEIN): 59-1033964	5. Date of Last Report: 06/30/1983
---	--	------------------------------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983				
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	City and State	
1. ELLER, DIANE	P	741 HICKORY ROAD	NAPLES, FL	0
2. <del>XXXXXXXXXXXX</del>	<del>XXH</del>	<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>NAPLES, FL</del>	<del>0</del>
3. DANCA, GARY	T/D	4145 WHITE BLVD.	NAPLES, FL	0
4. WICKS, JEAN	S/D	625 ANCHOR RODE DR	NAPLES, FL	0
Thomas, Gay	VP	2180 Sheepshead Dr.	Naples, FL 33942	

Registered Agent Information	
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
ELLER, DIANE 741 HICKORY ROAD NAPLES, FL 33940	Name: Street Address (Do NOT use P.O. Box Numbers) City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on **January 17, 1984**

SIGNATURE: **Diane Eller** DATE: \_\_\_\_\_  
 (Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

10. I Certify That I am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature: <i>Gary R. Danca</i>	Date: 6/5/84
Type, Name of Signing Officer: <b>Gary Danca</b>	Title: <b>Treasurer</b>
	Telephone Number: 774-3434

11. Should you desire a certificate of status check, the box below and include an additional \$5.00 with your payment.

CERTIFICATE OF STATUS DESIRED

\$5 Additional fee required for certificates

COR 630 (1-84)

PRINTOUT SENT pg 12-26

LETTER SENT

CUS SENT

REINSTATEMENT FILED 12/16/95

INVOLUNTARILY DISSOLVED 11/1/95

# 700988

REINSTATEMENT 15

CUS

REGISTERED AGENT

OVERPAYMENT

72 Privilege Tax

73 Annual Report

74 Annual Report

75 Annual Report

76 Annual Report

77 Annual Report

78 Annual Report

79 Annual Report

80 Annual Report

81 Annual Report

82 Annual Report

83 Annual Report

84 Annual Report

85 Annual Report 20

TOTAL 35

REFUND

005 0252 12/14/86

15.00

*POB 6327  
Jalla 71  
32314  
Tina Roberts*

DEC 16 11 46 AM '95  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NAME AVAILABLE

REINSTATED BY Jk 12/19

UPDATER Ek 12/20/85

UPDATER VERIFYER Jk 12/23

*The Humane Society of Collier County, Inc.*

90 DAY NOTICE OF INTENT TO DISSOLVE

0-23-84

CORPORATION  
ANNUAL REPORT  
1985



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

DEC 15 11 46 AM '84  
FILED  
STATE OF FLORIDA

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

700988  
HUMANE SOCIETY OF COLLIER COUNTY, INC. (THE  
370 AIRPORT RD. N  
N/A  
NAPLES, FLORIDA 33942

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is not Sufficient

Street Address: 21  
006 0252 1/14/86

P.O. Box No: 22  
006 0252 1/14/86 20.00 35.00

City and State: 23

Zip Code: 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida: 05/20/1960

4. Federal Employer Identification Number (FEIN): 1033966

5. Date of Last Report: 07/09/1984

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1984

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City, State and Zip Code
ELDER, DIANE	P	741 HICKORY ROAD	NAPLES, FL 33999 0
<del>NORMAN STROMBA</del>	P	4680 GOLDEN GATE PKWY	NAPLES, FL 33999 0
<del>GAIL THOMAS - President</del>	V/P	2180 SHEEPSHEAD DR	NAPLES, FL 33962 0000
<del>THOMAS, GAY</del>	T/D	4145 WHITE BLVD.	NAPLES, FL 33962 0
<del>GRASSINGER, G. WILLIAM</del>	S/D	1240 BLUE POINT AVE. A.B. 11	NAPLES, FL 33940 0
HICKS, JEAN		625 ANCHOR RODE DR	NAPLES, FL 33940 0

Registered Agent Information

7. Name and Address of Current Registered Agent

Hicks Jean  
625 Anchor Road DR.  
NAPLES, FL 33940 33940

8. Name and Address of New Registered Agent

Name of  
Street Address (Do NOT Use P.O. Box Number):  
City and State: Zip Code:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on 8/20/85

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE: Jean Hicks DATE: 8/20/85

(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. Officer signing must be listed in Block 6.

Signature: [Signature] Date: [Date]

Typed Name of Signing Officer: [Name] Telephone Number: [Number]

11. Should You desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 additional fee required for a Certificate of Status

CRS 607 (7/85)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1986



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED  
AND  
FILED  
1986 APR 15

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

700988  
HUMANE SOCIETY OF COLLIER COUNTY, INC. (THE)  
370 AIRPORT RD N  
N/A  
NAPLES, FLORIDA 33942

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida 05/20/1960

4. Federal Employer Identification Number (FEIN) 59-1033966

5. Date of Last Report 12/16/1985

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
THOMAS, GAY IRENE BAETZLAFF	P	4680 GOLDEN GATE PKWY. 601 STARBOARD DR	NAPLES, FL	0
THOMAS, GAY JAMES H. FRAZIER	V/P	2188 SHEEPSHEAD CR 17 Bluebill AVE #405	NAPLES, FL	00000 33963
GRISSINGER, G. WILLIAM	T/D	1240 BLUE POINT AVE #B11	NAPLES, FL	0
HIGGS, JEAN DIANE ELLER	S/D	825 ANCHOR ROBE CR 741 Hickory Road	NAPLES, FL	0

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HICK, JEAN  
625 ANCHOR ROAD DR.  
NAPLES, FL 33940

8. Name and Address of New Registered Agent

Name 81 DIANE ELLER  
Street Address (Do NOT Use P.O. Box Number) 82  
741 Hickory Road  
City and State 83 Naples, FL FL.  
Zip Code 84 33963

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent or both in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE *Diane Eller*  
(Registered Agent Accepting Appointment)

DATE 3-25-86

\$3.00 additional fee required for Registered Agent changes.

10. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer signing must be listed in Block 6)

Signature: *Irene M. Bretz LaFF* Title: President Date: April 8, 1986 Telephone Number: 813-774-3434

11. Should you desire a certificate of status check the box  CERTIFICATE OF STATUS DESIRED \$5 Additional Fee required for a Certificate of Status

CRP/CSA (1986)



**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.**

DO NOT WRITE IN THIS SPACE

**CORPORATION**  
**ANNUAL REPORT**  
**1988**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

05/20/1960 12:06

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21  
*370 Airport Rd. N.*

P.O. Box No. 22  
**P.O. Box 8725**

City and State 23  
**Naples, Florida**

Zip Code 24  
**33941**

Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

**700985**

**HUMANE SOCIETY OF COLLIER COUNTY, INC. (THE)**

**370 AIRPORT RD. N**

**N/A**

**NAPLES, FLORIDA 33942**

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Quashed To Do Business in Florida: **05/20/1960**

4. Federal Employer Identification Number (FEIN): **59-1033966**

5. Date of Last Filing: **03/11/1987**

6. Names and Street Addresses of Each Officer and Director as of December 31, 1987

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	4. City and State	5.
<del>ANCHER, THOMAS</del>	<del>V.</del>	<del>240 SPRING LINE DR.</del>	<del>NAPLES, FL.</del>	
<del>FRALIER, JAMES H.</del>	<del>P.</del>	<del>17 BLUEBILL AVE #405</del>	<del>NAPLES, FL.</del>	<del>00000</del>
<del>GRISSINGER, G. WILLIAM</del>	<del>T/D</del>	<del>1240 BLUE POINT AVE #811</del>	<del>NAPLES, FL.</del>	<del>0</del>
<del>BLLBK, DIANE</del>	<del>S/D</del>	<del>741 HICKORY RD.</del>	<del>NAPLES, FL.</del>	<del>0</del>
McGrath, James F.	P	650 Banyon Circle	Naples, FL.	
Edwards, Fred J.	V.P.	5810-26th Ave. S.W.	Naples, FL.	
Dudkewic, Stanley	T/D	646 Parkview Lane	Naples, FL.	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

**BLLBK, DIANE**

**741 HICKORY ROAD**

**NAPLES, FL 33963**

Name 8:

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: **FL.** Zip Code 85

8. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors or...

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.025 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida

11. See signature requirements under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath. (Officer or Director signing must be listed in Block 6)

Signature: *James F. McGrath* Date: **3/17/88**

Typed Name of Signing Officer or Director: *James F. McGrath* Title: *President*

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

FORM 1000 (1-80)

STATE OF FLORIDA



**FILE NOW ANNUAL REPORT DELINQUENT AFTER JULY 1ST**

**CORPORATION**  
**ANNUAL REPORT**  
**1989**



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**APPROVED AND FILED**

059 MAR 16 11:49

Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:  
 ZIP + 4  
 700988 9  
**HIDDAH SOCIETY OF COLLIER COUNTY, INC. (THE)**  
**370 AIRPORT RD W**  
**P.O. BOX 8725**  
**NAPLES, FLORIDA 33941-8725**

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box No. 22

City and State 23

Zip Code 24

3. Date of Incorporation or Qualified To Do Business in Florida: **05/20/1960**

4. Federal Employer Identification Number (FEIN): **59-1033966**

5. Date of Last Report: **03/25/1988**

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

7. Title	Names of Officers and Directors	8. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	9. City and State
P/D	MCCRATH, JAMES P. D	650 BANTON CIRCLE	NAPLES, FL.
V/P/D	EDWARDS, FRED J. D	5810-28TH AVENUE, S.W.	NAPLES, FL 00000
<del>T/D</del>	<del>DODRICK, STANLEY</del>	<del>646 PARKVIEW LANE</del>	<del>NAPLES, FL 0</del>
S/D	ELLER, DIANE D	741 HICKORY RD.	NAPLES, FL 0
T/D	MEERPOHL, ANTHONY J. D	645 POMPANO DRIVE	NAPLES, FL.
D	STANLEY, JOHN D	400 OLD TRAIL WAY	NAPLES, FL 33940

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

**ELLER, DIANE**  
**741 HICKORY ROAD**  
**NAPLES, FL 33963**

8. Name and Address of New Registered Agent:

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 **FL.** Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, admits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors or its newly elected or appointed registered agent. I am familiar with, and accept the obligations of, Section 607.025 F.S.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Registered Agent Accepting Appointment)

10. If a foreign corporation, can not transacted business in Florida.

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Secretary or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Understand the Signatures on This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature: *James F. McGrath* Date: **3/7/89**

Title: **President** Telephone Number: **813-643-1880**

12. Should you desire a certificate of status check the box:  CERTIFICATE OF STATUS DESIRED

**FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1990**

**APPROVED**

PS 45 1469

DO NOT WRITE IN THIS SPACE

1990 FEB 16 PM 2:24

**CORPORATION  
ANNUAL REPORT  
1990**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office: **700988 9**  
**ZIP + 4 PRESORT**  
**THE HUMANE SOCIETY OF COLLIER COUNTY, INC.**  
**370 AIRPORT RD N**  
**P.O. BOX 8725**  
**NAPLES, FLORIDA 33941-8725**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.  
Street Address 21  
P.O. Box No. 22  
City and State 23  
Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida **05/20/1960** 4. FEI Number **59-1033966** FEI Number Applied For  
FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
P/D	<del>MCCRATH, JAMES F.</del>	<del>650 BANYON CIRCLE</del>	<del>NAPLES, FL</del>	
VP/D	<del>PILCHER, PATRICIA</del>	<del>257 SEABREEZE AVE.</del>	<del>NAPLES, FL</del>	
V/P/D	EDWARDS, FRED J.	5810-28TH AVENUE, S.W.	NAPLES, FL	00000
P/D	<del>MEERPOHL, ANTHONY J.</del>	<del>645 POMPANO DRIVE</del>	<del>NAPLES, FL</del>	0
T/D	<del>MORTENSEN, FLORENCE</del>	<del>598 92ND AVENUE, N.</del>	<del>NAPLES, FL</del>	
S/D	ELLER, DIANE	741 HICKORY RD.	NAPLES, FL	0
D	STANLEY, JOHN	4040 OLD TRAIL WAY	NAPLES, FL	

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent  
**ELLER, DIANE**  
**741 HICKORY ROAD**  
**NAPLES, FL 33963**

8. Name and Address of New Registered Agent  
Name 81  
Street Address 1 (Do NOT Use P.O. Box Number) 82  
Street Address 2 (Do NOT Use P.O. Box Number) 83  
City and State 84  
Zip Code 85  
**FL**

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statute, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on \_\_\_\_\_  
I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.035 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

10. I certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effects as a check under oath. I further certify that I am an officer or director of the corporation or the manager or trustee employed to execute this report as required by Chapter 607, F.S.

Signature: *Fred J. Edwards* Date: **2/7/90**  
Name of Signer: **Fred J. Edwards** Title: **President**  
Telephone Number: **(813) 455-2112**

11. Should you desire a certificate of status check the box  
CERTIFICATE OF STATUS DESIRED

55. Address For \_\_\_\_\_

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

**CORPORATION  
ANNUAL REPORT  
1991**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APR 30 1991

APPROVED  
FL DEPT. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FL  
FILED

**FILING FEE OF \$61.25 REQUIRED**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #700988 (9)**  
**ZIP + 4 PRESORT**  
**THE HUMANE SOCIETY OF COLLIER COUNTY, INC.**  
**370 AIRPORT RD N**  
**P.O. BOX 8725**  
**NAPLES, FLORIDA 33941-8725**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. PO Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21	Street Address
22	P.O. Box No.
23	City and State
24	Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida <b>05/20/1960</b>	4. FEI Number <b>59-1033966</b>	FEI Number Applied For	5. <b>\$8.75</b> Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> <b>CERTIFICATE OF STATUS DESIRED</b>
		FEI Number Not Applicable	

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)			
1. Type	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
V/P/D	<del>PILCHER, PATRICIA</del>	<del>257 SEABREEZE AVENUE</del>	<del>NAPLES, FL.</del>
	BARRY, GERARD	211 1ST AVENUE, N.	NAPLES, FL
P/D	EDWARDS, FRED J.	5810 28TH AVENUE, S.W.	NAPLES, FL 00000
T/D	<del>MORTENSEN, FLORENCE</del>	<del>598 92ND AVENUE, N.</del>	<del>NAPLES, FL</del>
	MORTENSEN, FLORENCE	598 92ND AVENUE, N.	NAPLES, FL 0
S/D	<del>ELLER, DIANE</del>	<del>741 HICKORY RD.</del>	<del>NAPLES, FL</del>
	PILCHER, PATRICIA J.	257 SEABREEZE AVENUE	NAPLES, FL 0
D	STANLEY, JOHN	4040 OLD TRAIL WAY	NAPLES, FL

<b>REGISTERED AGENT INFORMATION</b>		8. Name and Address of New Registered Agent	
7. Name and Address of Current Registered Agent		81. Name <b>PILCHER, PATRICIA J.</b>	
<b>ELLER, DIANE</b> <b>741 HICKORY ROAD</b> <b>NAPLES, FL 33963</b>		82. Street Address 1 (Do NOT Use P.O. Box Number) <b>257 SEABREEZE AVENUE</b>	
		83. Street Address 2 (Do NOT Use P.O. Box Number)	
		84. City <b>NAPLES,</b>	85. Zip Code <b>FL. 33963</b>

9. Pursuant to the provisions of Sections 607.0201 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as shown on this Statement of Officers. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as the stated agent. I am familiar with, and accept the obligations of, Section 607.0504 Florida Statutes.

SIGNATURE *Patricia J. Pilcher* DATE **4/23/91**  
(Registered Agent Accepting Appointment)

10. I 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 upon oath. I further certify that I am an officer or director of the corporation or a member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 on an attachment with an address.

SIGNATURE *Fred J. Edwards* DATE **4/17/91**  
Type of Officer or Director: **President** Telephone Number Daytime: **(813) 597-6116**

**FILING FEE OF \$61.25 REQUIRED**

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

AP-852

APPROVED  
SEC. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FLA.  
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THESE SPACES

1. Name and Mailing Address of Corporation: **DOCUMENT # 700988 (9)**  
**THE HUMANE SOCIETY OF COLLIER COUNTY, INC.**  
**370 AIRPORT RD N**  
**P.O. BOX 8725**  
**NAPLES FL 33942-3530**

2. If Address in Block 1 is ineffective by mail, the firm should provide correct information and cover the return by registered mail. P.O. Box is acceptable. The name of the firm should be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No: **N/A - P.O. Box is closed**

23 City and State: **NAPLES, FL** 24 Zip Code: **33942**

3. Date incorporated or Qualified To Do Business in Florida: **05/20/1960**

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

3a. Date of Last Report: **04/30/1991** 4. FEI Number: **59-1033966** FEI Number Applied For: **\$6.75** 5. CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2	3	4
Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
V/P/D	BARRY, GERARD	211 1ST AVE N	NAPLES, FL
P/D	EDWARDS, FRED J.	5810-28TH AVENUE, S.W.	NAPLES, FL 00000
T/D	MORTENSEN, FLORENCE	598 92ND AVENUE, N.	NAPLES, FL 0
S/D	PILGHER, PATRICIA J	257 SEABREEZE AVE	NAPLES, FL 0
D	STANLEY, JOHN	4040 OLD TRAIL WAY	NAPLES, FL
	See attached sheet		

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

81 Name:	DIANE ELLER
82 Street Address 1 (Do NOT Use P.O. Box Numbers)	741 HICKORY ROAD
83 Street Address 2 (Do NOT Use P.O. Box Numbers)	
84 City:	NAPLES
85 State:	FL.
86 Zip Code:	33963

9. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.2805, Florida Statutes.

SIGNATURE: *Diane Eller* DATE: **4-3-92**

10. This corporation has liability for, or expects to pay under 5-199 (B)(2) Tax on its 1992 income. Yes  No  (See other side for information on filing tax for 1992.)

11. I certify that the information on this annual report is true and correct and that the registered agent has the same responsibility. I am familiar with and accept the obligations of Section 607.2805, Florida Statutes, and that the information on this report is true and correct.

SIGNATURE: *Fred Edwards* DATE: **4-3-92**

Name (Print Name of Signing Officer or Director): **FRED EDWARDS** Telephone Number (Daytime): **813 597-6116**

Title: **PRESIDENT**

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and attach an additional \$5.00 to the filing fee.

# *Humane Society of Collier County, Inc.*

~~P.O. Box 8725~~  
370 Airport Road North  
Naples, FL 33942

Naples, Florida 89944

(813) 643-1555

6. (continued)

<u>Title</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY AND STATE</u>
V/P/D	PILCHER, PATRICIA J.	257 SEABREEZE AVE	NAPLES, FL
S/D	ELLER, DIANE	741 HICKORY RD.	NAPLES, FL



*all Creatures Great and Small ...  
... The Lord God made them all.*

**File Now Filing Fee after May 1 is \$225.00**

**CORPORATION  
ANNUAL REPORT  
1993**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
1993 MAY -1 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: **DOCUMENT # 700988 (9)**  
**THE HUMANE SOCIETY OF COLLIER COUNTY, INC.**  
**370 AIRPORT RD S**  
**NAPLES FL 33942-9530**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed <b>05/20/1960</b>		3a. Date of Last Report <b>04/08/1992</b>	
4. Filing Fee <b>\$200.00</b>		4. Filing Fee <b>\$200.00</b>	
5. Annual Report Supplemental Fee <b>\$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE.</b> <b>MAKE CHECK PAYABLE TO DEPARTMENT OF STATE</b>		6. Filing Fee <b>\$200.00</b>	
7. Mailing Address 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		7. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	
8. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 <input type="checkbox"/> \$5.00 May Be Added to Fees		9. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$138.75 Supplemental Fee Not Required	
9. The corporation has liability for intangible tax under S. 118.045, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of Current Registered Agent <b>ELLER, DIANE</b> <b>741 HICKORY ROAD</b> <b>NAPLES FL 33963</b>	

10. Name and Address of Current Registered Agent <b>ELLER, DIANE</b> <b>741 HICKORY ROAD</b> <b>NAPLES FL 33963</b>		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0603 and 607.1508 or Sections 617.0503 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 607.0505, Florida Statutes.		11. Pursuant to the provisions of Sections 607.0603 and 607.1508 or Sections 617.0503 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 607.0505, Florida Statutes.	
SIGNATURE _____ Registered Agent Accepting Appointment		DATE _____	

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY, ST, ZIP	<b>V/P/D</b> <b>PIEGHER, PATRICIA J.</b> <b>297 SEABREEZE AVENUE</b> <b>NAPLES FL</b>	1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY, ST, ZIP	<b>V/P/D</b> <b>MR Thomas Hringler</b> <b>514 Parkwood Lane</b> <b>Naples, Fla 33940</b>
2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY, ST, ZIP	<b>P/D</b> <b>EDWARDS, FRED J.</b> <b>3810-28TH AVENUE, S.W.</b> <b>NAPLES, FL 00000</b>	2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY, ST, ZIP	
3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY, ST, ZIP	<b>T/D</b> <b>MORTENSEN, FLORENCE</b> <b>588 92ND AVENUE, N.</b> <b>NAPLES, FL 0</b>	3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY, ST, ZIP	
4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY, ST, ZIP	<b>S/D</b> <b>ELLER, DIANE</b> <b>741 HICKORY ROAD</b> <b>NAPLES FL</b>	4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY, ST, ZIP	
5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY, ST, ZIP	<b>D</b> <b>STANLEY, JOHN</b> <b>4040 OLD TRAIL WAY</b> <b>NAPLES FL</b>	5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY, ST, ZIP	<b>D</b> <b>MR JACK MEDZEL</b> <b>1755 Knights Hill</b> <b>Naples Fla 33962</b>
6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY, ST, ZIP	

14. I certify that the information submitted on this report is true and correct to the best of my knowledge and belief, and that I am not aware of any material misstatements or omissions. I further certify that I am an officer or director of the corporation or the person or persons responsible for preparing the report and the report is true and correct to the best of my knowledge and belief.

**SIGNATURE** \_\_\_\_\_ **DATE** **4-30-93**

Print/Type Name of Secretary: **THOMAS HADINGER VICE PRES.** Title: **VICE PRES** Print/Type Name of Secretary: **(915) 643-1880**

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1994



FLORIDA DEPARTMENT OF STATE  
Jeri Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

04 FEB 23 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name  
**THE MARINE SOCIETY OF COLLIER COUNTY, INC.**  
DOCUMENT #  
**700988 (9)**

Mailing Address  
**370 AIRPORT RD N  
NAPLES FL 34107**  
Principal Place of Business  
**370 AIRPORT RD N  
NAPLES FL 34107** *339 42*

3. Date incorporated or Qualified **05/20/1980**  
3a. Date of Last Report **05/01/1993**

2. Mailing Address  
**370 Airport Rd. N.**  
2a. Principal Place of Business  
**370 Airport Rd. N.**

4. FEI Number  
**59-1033966**  
Applied For  
 Not Applicable

21. State, Dist. & City  
**FL 339 42**  
27. State, Dist. & City  
**FL 339 42**

5. Certificate of Status Desired  
**S8.75**   
6. Election Campaign Financing Trust Fund Contribution

22. City & State  
**Naples, FL.**  
28. City & State  
**Naples, FL.**

7. Non-profit Exempt from \$138.75 Supplemental Fee   
8. \$5.00 May Be Added to Fees

24. Zip  
**33942**  
25. Country  
**US**  
29. Zip  
**33942**  
30. Country  
**US**

6. 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

**ELLEN DANE  
741 HICKORY ROAD  
NAPLES FL 34107**

81. Name  
**Florence Mortensen**  
82. Street Address (P.O. Box Number if Not Acceptable)  
**598 92nd Ave. N.**  
83.  
84. City  
**Naples** FL 85. Zip Code  
**33963**

11. I, the undersigned, being duly sworn, depose and say that I am a director of the above-named corporation and that the above-named corporation submits this statement for the purpose of complying with the provisions of Section 607.022, Florida Statutes, and that the changes to the officers and directors of the corporation are authorized by the corporation's board of directors. I declare under penalty of perjury that the foregoing is true and correct. Executed on this 18th day of February, 1994. DATE: **2/18/94**

12. OFFICERS AND DIRECTORS IN 1993

12.1 NAME	<b>V/P/D HADINGER THOMAS</b>
12.2 STREET ADDRESS	<b>514 PARKWOOD LANE NAPLES FL</b>
12.3 CITY	<b>PI/D EDWARDS FREDRICK</b>
12.4 STREET ADDRESS	<b>5810 28TH AVENUE, S.W. NAPLES, FL 34109</b>
12.5 CITY	<b>T/D MORTENSEN, FLORENCE</b>
12.6 STREET ADDRESS	<b>598 92ND AVENUE, N. NAPLES, FL 33963</b>
12.7 CITY	<b>S/D ELLEN DANE</b>
12.8 STREET ADDRESS	<b>741 HICKORY ROAD NAPLES FL</b>
12.9 CITY	<b>_____</b>
12.10 STREET ADDRESS	<b>_____</b>
12.11 CITY	<b>_____</b>

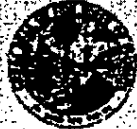
13. CHANGES TO OFFICERS AND DIRECTORS IN 1994

13.1 NAME	<b>v/p/d Hadinger Thomas</b>
13.2 STREET ADDRESS	<b>514 Parkwood Lane Naples, FL. 33940</b>
13.3 CITY	<b>P/D Edwards Fredrick J.</b>
13.4 STREET ADDRESS	<b>5810 28th Ave. S.W. Naples, FL. 33999</b>
13.5 CITY	<b>T/D Mortensen Florence</b>
13.6 STREET ADDRESS	<b>598 92nd Ave. N. Naples, FL. 33963</b>
13.7 CITY	<b>S/D Tobias Donna Lee</b>
13.8 STREET ADDRESS	<b>4461 Gulfshore Blvd. N. Naples, FL. 33940</b>
13.9 CITY	<b>_____</b>
13.10 STREET ADDRESS	<b>_____</b>
13.11 CITY	<b>_____</b>

14. I, the undersigned, being duly sworn, depose and say that I am a director of the above-named corporation and that the above-named corporation submits this statement for the purpose of complying with the provisions of Section 607.022, Florida Statutes, and that the changes to the officers and directors of the corporation are authorized by the corporation's board of directors. I declare under penalty of perjury that the foregoing is true and correct. Executed on this 18th day of February, 1994. DATE: **2/18/94**  
**SIGNATURE: Florence Mortensen, Treasurer** **113-591-931**

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
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** **370 AIRPORT RD N  
NAPLES FL 33942  
US**

DO NOT WRITE IN THIS SPACE

3. Entity Type: Active or Qualified <b>05/20/1960</b>	3a. Date of Last Report <b>02/23/1994</b>
4. FEI Number <b>59-1033966</b>	Applied For Not Applicable
5. Category of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>	
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Subd. Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 24 Subd. Apt. #, etc. 25 City & State 26 Zip Country
--	---

9. Name and Address of Current Registered Agent  
**MORTENSEN, FLORENCE  
588 92ND AVE. N.  
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signer is, listed in printed name of registered agent and FEI Number NOTE: Registered Agent signature required when terminating

12. OFFICERS AND DIRECTORS

TITLE	<b>VPD</b>
NAME	<b>HADINGER, THOMAS</b>
STREET ADDRESS	<b>514 PARKWOOD LANE</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>PD</b>
NAME	<b>EDWARDS, FREDERICK J.</b>
STREET ADDRESS	<b>5810-28TH AVENUE, S.W.</b>
CITY-ST-ZIP	<b>NAPLES, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>MORTENSEN, FLORENCE</b>
STREET ADDRESS	<b>588 92ND AVENUE, N.</b>
CITY-ST-ZIP	<b>NAPLES, FL 0</b>
TITLE	<b>SD</b>
NAME	<b>TOBIAS, DONNA LEE</b>
STREET ADDRESS	<b>4461 GULFSHORE BLVD. N.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERCER, JACK</b>	
STREET ADDRESS	<b>1755 KNIGHTS WAY</b>	
CITY-ST-ZIP	<b>NAPLES, FL 33962</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOBIAS, LEE</b>	
STREET ADDRESS	<b>4451 Gulfshore Blvd. N</b>	
CITY-ST-ZIP	<b>NAPLES, FL 33940</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, TODD</b>	
STREET ADDRESS	<b>1170 29th AVENUE N</b>	
CITY-ST-ZIP	<b>NAPLES, FL 33940</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I am an officer or director of the corporation or the trustee or trustee-in-fact of the corporation and that my name appears in Block 12 or Block 13 of this filing with an address.

SIGNATURE: [Signature] **3-17-95 (813) 643-1880**  
DATE: \_\_\_\_\_