

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 703408 (5)

1. Corporation Name

HUMANE SOCIETY OF SARASOTA COUNTY, INC.

95 JAN 26 PM 3: 36

Principal Place of Business: 2331 15TH STREET SARASOTA FL 34237
Mailing Address: 2331 15TH STREET SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1962	3a. Date of Last Report 01/28/1994
4. FEI Number 59-6014943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MUHLKE, WANDA
4222 TEE RD
SARASOTA FL 34235**

10. Name and Address of New Registered Agent

81 Name Greenwood Joan
82 Street Address (P.O. Box Number is Not Acceptable) 1936 Goldenrod St.
83
84 City Sarasota FL 85 Zip Code 34237

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: *Joan Greenwood*

(NOTE: Registered Agent signature required when reinstating)

DATE: 1-17-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUHLKE, WANDA 4222 TEE RD SARASOTA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Muhlke, Wanda 4222 Tee Rd Sarasota FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PITCHFORD, JAN 1756 BAHIA VISTA ST SARASOTA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP Pitchford, Jan 1756 Bahia Vista St Sarasota <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WOLFF, CHARLENE HEISER 619 MOURNING DOVE DR SARASOTA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Wolff Charlene Heiser 619 Mourning Dove Dr. Sarasota FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORWICK, CONNI 3005 65TH ST E BRADENTON FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, DAVID, DVM 4141 S TAMiami TR #14 SARASOTA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, LINDA ROE 203 CEDAR PARK CIR SARASOTA FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan Greenwood*

DATE: 1-17-95 (813) 955-4131

attachment BLOCK 13
Humane Society of Sarasota County

DT

Carter, Stan
3343 Plantation Dr.
Sarasota, FL 34236

D

Ellis, Steve
4377 Trails Dr.
Sarasota, FL 34232

D

Echstenkamper, Bonita
180 Lookout Point Dr.
Osprey, FL 34229

PD

Greenwood, Joan
1936 Goldenrod St.
Sarasota, FL 34236

D

Hyslop, Jane
1788 Oak Lakes Dr.
Sarasota, FL 34232

D

Poff, Deborah
5431 Kelly Dr.
Sarasota, FL 34233

D

Ricc, Katrina
230 N. Washington Dr.
Sarasota, FL 34236

DS

Thompson, Jerry
1347 Harbor Drive
Sarasota, FL 34239

D

Scott, Stacy
3633 Schwalbe Dr.
Sarasota, FL 34235

D

Ohlendorf, Carol
6860 Corral Ct.
Sarasota, FL 34243

D

Getzen, Linda
1457 Landings Circle
Sarasota, FL 34231