FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

703408

(5)

HUMANE SOCIETY OF SARASOTA COUNTY, INC.

						<u> </u>	j
Principal Place of Business Mailing Address							
2331 15TH ST	REET	2331 15TH STREET					
SARASOTA FL	34237	SARASOTA FL 34237					
					3. Date Incorporated or Qualified 01/05/1962	3a. Date of Last Report 01/26/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		.,	4. FEI Number	Applied For	
21		26			59-6014943	Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	_ Counti	У	8. This corporation has liability for in		
24	25	29 3	0]		1 Ionaa Statetee	Yes No	
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Re	Blareten Whelit	一
			°	Name			
GREENWOOD, JOAN			8	2 Street A	ddress (P.O. Box Number is Not Acceptable	9)	}
1936 GOLDENROD ST			8	1			\dashv
SARASO	TA FL 34237		°	3			
			8	4 City		FL 85 Zip Code	
		1015 1500 Ft 11 OL1 1-	1	1	rporation submits this statement for the purp		ffice
or registere	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Sections	ia. Such change was authorized i	by the co	rporation's b	poard of directors. I hereby accept the appo	intment as régistered agent. I an	n
SIGNATURE _	Signature, typed or printed name of registered agent	nori http:// poplicable	Registered &	ent sincature re	quired when reinstating)	DATE	
12.	OFFICERS AND		13.	John Sign Grove To	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	:		Change Addition	on
NAME	MUHLKE, WANDA	_	1.2 NAM	E			
STREET ADDRESS	4222 TEE RD		13 STRE	ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY	-ST-ZIP			
TITLE	VP	DELETE	2.1 TITU			Change Additi	on
NAME	PITCHFORD, JAN		2.2 NAM	ie			
STREET ADDRESS	1756 BAHIA VISTA ST		2.3 STR	ET ADDRESS			
1	SARASOTA FL			Y-S1-ZIP			
CITY-ST-ZIP TITLE	D	DELETE	3 1 TITL			Change Additi	on
NAME	WOLF, CHARLENE HEISE	-	3.2 NAM	IE .			
STREET ADDRESS	619 MOUNRNING DOVE DR		3.3 STR	EET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		3.4. CIT	Y-ST-ZIP			
TITLE	D	DELETE	4.1 TITL			Change Additi	on
NAME	BORWICK, CONNI	and the second s	4. 2 NAI	M E			
STREET ADDRESS	3005 65TH ST E			eet address			
CITY-ST-ZIP	BRADENTON FL	/		r-ST-ZIP			
TITLE	D	DELETE	5.1 TITL		Treasurer	Change Additi	on
NAME	WATKINS, DAVID, DVM		5.2 NAN	ΛE.	CARTER, Stan		
STREET ADDRESS	4141 S TAMIAMI TR #14			EET ADDRESS	3343 Plantation D:	r	
CITY-ST-ZIP	SARASOTA FL	,		Y-ST-ZIP	Sarasota FL		
TITLE	D	DELETE	6.1 TITL			☐ Change	ion
NAME	DICKINSON, LINDA ROE		6.2 NAM		D TAYLOR, Kathi		
	283 CEDAR PARK CIR			EET ADDRESS	7317 Crape Myrtle	Way	
STREET ADDRESS	SARASOTA FL			Y-ST-ZIP	Sarasota FL	nay	
CITY-ST-ZIP	Į ŲMINOVIA IL		0.4 Uli	1-31-41r	Dalasula fl		

Lot hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cettify 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 or Planced, or point attachment with an address.

SIGNATURE;

THIS TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/91

955-4131

Daytime Phone #

(12/95)