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Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 703408 (5)  
1. Corporation Name  
HUMANE SOCIETY OF SARASOTA COUNTY, INC.



Principal Place of Business: 2331 15TH STREET SARASOTA FL 34237  
Mailing Address: 2331 15TH STREET SARASOTA FL 34237-2909

3. Date Incorporated or Qualified: 01/05/1962  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-6014943  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DVP GREENWOOD, JOAN 1936 GOLDENROD ST SARASOTA FL 34237  
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: *Joan Greenwood* DATE: 3.27.97

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DRS MUHLKE, WANDA 4222 TEE RD SARASOTA FL	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	DCS PITCHFORD, JAN 1756 BAHIA VISTA ST SARASOTA FL	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	DVP SMITH, MIRIAM 2603 PURSELL CIRCLE SARASOTA FL 34232	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	DT GETZENK, LINDA 1457 LANDINGS CIRCLE SARASOTA FL 34231	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	DP CARTER, STAN 3343 PLANTATION DR. SARASOTA FL	5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	D TAYLOR, KATHI 7317 CRAPE MYRTLE WAY SARASOTA FL	6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		7.1 NAME	DP Jo Ann Belack 7842 Shepherd St. Sarasota, FL 34243
		8.1 NAME	DRS Deborah Millman PO Box 53 Venice, FL 34284 N/A
		9.1 NAME	DCS Carolyn Heretford 4057 MacEachern Blvd #24 Sarasota, FL 34233
		10.1 NAME	DT Mark Knight 1871 Prospect St. Sarasota, FL 34239

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CP2E037 (9/96)