NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 703408

1. Corporation Name

HUMANE SOCIETY OF SARASOTA COUNTY, INC.

Principal Place of Business
2331 15TH STREET
CADACOTA EL 24227

Mailing Address

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90123 020 ****70.00



2331 151H 51HEE1 2331 151H 51HEE1 SARASOTA FL 34237 SARASOTA FL 34237								
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed		
21		26			01/05/1962			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
22		27			59-6014943	59-6014943 Not App		
City & State		City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country	Zip Country			6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be		
24	25	29 30	<u></u>		Trust Fund Contribution	Added to Fees		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			8		Gary R. Dumas			
GREENWOOD, JOAN			8		Address (P.O. Box Number is Not Acceptable)			
	DENROD ST				50 Icecapade Drive			
	A FL 34237		8	3	<u> </u>			
OAI IAGO I	A 1 E 04207		-	4 City		85 Zip (`ode	
			l°		Sarasota	L 342		
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	735	<u></u>			1/5/29	7		
	Signature, typed or printed name of registered agent			ent signature re	equired when reinstating) DAME ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PS IN 12	
12.	OFFICERS AND	DIRECTORS DELETE	13.	. 1		Change	Addition	
TITLE	DP	DECERE	1.1 TITLE	_	Treasurer Ven		7	
NAME	BELACK, JOANN		1.2 NAMI	: ·	Harry Brunken Dr 4000 Country View Dr			
STREET ADDRESS	7342 SHEPERD ST	;		ET ADDRESS	4000 Commily		ļ	
CITY-ST-ZIP	SARASOTA FL	[] pc; crr	1.4 CITY		Sarasota, FL 34233	Change	Addition	
TITLE	DRS	☐ DELETE	2.1 TITLE	- 1		Change	□ vacinaii	
NAME	MILLMAN, DEBORAH		2.2 NAM					
STREET ADDRESS	P O BOX 53 N/A		2.3 STRE	ET ADDRESS		-		
CITY-ST-ZIP	SARASOTA FL	= = = = = = = = = = = = = = = = = = = =	2, 4 CITY			- Mrs		
TITLE	DCS	☐ DELETE 3			Vice Tresident	Change -	∽ ☐ Addition	
NAME	HEREFORD, CAROLYN		3.2 NAM					
STREET ADDRESS	4057 MACEACHEN BLVD #24		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		3.4, CITY					
TITLE	DT	☐ DELETE	4.1 TITLE	İ	President	Change	Addition	
NAME	Brown, Edward		4. 2 NAM	E			l	
STREET ADDRESS	5011 KESTRAL PARK DR		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231		4.4 CITY	ST-ZIP				
TITLE	CEO	☐ DELETE	5.1 TITLE		Executive Director	Change	☐ Addition	
NAME	DUMAS, GARY R		5.2 NAMI					
STREET ADDRESS	2450 ICECAPADE DR			ET ADDRESS			ļ	
CITY-ST-ZIP	SARASOTA FL 34240		5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAM	Ē				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-21P				

CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

