2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703408

Apr 18, 2007 Secretary of State

Entity Name: HUMANE SOCIETY OF SARASOTA COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

2331 15TH STREET SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

2331 15TH STREET SARASOTA, FL 34237

FEI Number: 59-6014943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLMAN, DEBORAH R 671 DIXON RD VENICE, FL 34292

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DELPECH, MELINDA P.A. Name: 46 N WASHINGTON BLVD Address: City-St-Zip: SARASOTA, FL 34236

Title: SD () Delete SMITH, JODIE Name: Address: 7892 BERGAMO AVE City-St-Zip: SARASOTA, FL 34238

OFFICERS AND DIRECTORS:

Title: VD. () Delete DENKIN, DENKIN Name: Address: P.O. BOX 48927 City-St-Zip: SARASOTA, FL 34230

Title: TD () Delete Name: WINTER, NEIL 6514 SUNDEW CT Address: City-St-Zip: BRADENTON, FL 34202

Title: () Delete BEILEY, ELIZABETH Name: 712 SEARCY AVE Address: City-St-Zip: SARASOTA, FL 34237

Title: () Delete MILLMAN, DEBORAH R Name: Address: 671 DIXON RD VENICE, FL 34292 City-St-Zip:

(X) Change () Addition

EASTMAN, IRIS Name:

Address: 6236 CYPRESS BEND COURT City-St-Zip: UNIVERSITY PARK, FL 34201

Title: SD (X) Change () Addition

Name: NIXON, ROBIN Address: 5730 CARRAIGE DRIVE City-St-Zip: SARASOTA, FL 34243

Title: (X) Change () Addition

SMITH, JODIE Name:

7892 BERGAMO AVENUE Address: City-St-Zip: SARASOTA, FL 34238

Title: TD (X) Change () Addition Name: ESPOSITO, THOMAS A Address: 50 CENTRAL AVE, UNIT 1602 City-St-Zip: SARASOTA, FL 34236

Title: (X) Change () Addition

SMITH, JODIE Name:

7892 BERGAMO AVENUE Address: City-St-Zip: SARASOTA, FL 34238

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L BERK SM 04/18/2007