

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706619

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** THE HUMANE SOCIETY OF HIGHLANDS COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

7321 HAYWOOD TAYLOR BLVD  
SEBRING, FL 33876 US

**New Principal Place of Business:**

**Current Mailing Address:**

7321 HAYWOOD TAYLOR BLVD  
SEBRING, FL 33876 US

**New Mailing Address:**

**FEI Number:** 59-1104159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCPHEE, MARVENE  
14 CAREFREE COURT  
VENUS, FL 33960 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCPHEE, MARVENE  
Address: 14 CAREFREE CT  
City-St-Zip: VENUS, FL 33960 US

Title: SD ( ) Delete  
Name: GREENE, LISA  
Address: 54 RUSSELL COURT  
City-St-Zip: VENUS, FL 33960

Title: T ( ) Delete  
Name: PORTER, VICKI  
Address: 5215 ROBERTS ROAD  
City-St-Zip: AVON PARK, FL 33825

Title: VP ( ) Delete  
Name: STEPHENS, JERRY  
Address: 1042 CAREFREE PARKWAY  
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MCPHEE, MARVENE  
Address: 14 CAREFREE CT  
City-St-Zip: VENUS, FL 33960 US

Title: SD (X) Change ( ) Addition  
Name: SHREWSBURY, BARBARA  
Address: 142 DIANA DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: P (X) Change ( ) Addition  
Name: PORTER, VICKI  
Address: 5215 ROBERTS ROAD  
City-St-Zip: AVON PARK, FL 33825

Title: VP (X) Change ( ) Addition  
Name: HELD, HANK  
Address: 2800 ST RD 17 NORTH  
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify 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: MARVENE MCPHEE

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date