2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706619

FILED Mar 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 7321 HAYWOOD TAYLOR BLVD SEBRING, FL 33876 US **Current Mailing Address: New Mailing Address:** 7321 HAYWOOD TAYLOR BLVD SEBRING, FL 33876 FEI Number: 59-1104159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCPHEE, MARVENE 14 CAREFREE COURT VENUS, FL 33960 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCPHEE, MARVENE Name: Name: 14 CAREFREE CT Address: Address: City-St-Zip: VENUS, FL 33960 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SHREWSBURY, BARBARA Name: CLARK, BARBARA Name: Address: 142 DIANA DRIVE Address: 1420 GRAMARCY AVENUE City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: SEBRING, FL 33875 Title: () Delete Title: () Change () Addition HOLSTEIN, ROBERTA Name: Name: 327 SKY LANK DRIVE Address: Address: City-St-Zip: SEBRING, FL 33875 City-St-Zip: () Delete Title: VΡ Title: (X) Change () Addition HELD, HANK Name: Name: FIORITO, MELISSA 2800 ST RD 17 NORTH 4709 TARREGASTREET Address: Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33872 Title: () Delete Title: (X) Change () Addition SCHMIDT, CRISTIE BURGER, ROBERT Name: Name: 2488 SW 33RD CIRCLE 1701 CEDARBROOK STREET Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: LAKE PLACID, FL 33852 Title: () Delete Title: () Change () Addition VELDHUIS, GARY Name: Name: Address: 171 HILLSIDE DRIVE Address: LAKE PLACID, FL 33852 City-St-Zip: City-St-Zip:

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: BARBARA CLARK P 03/27/2009