

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # 753518 (0)

1. Corporation Name

HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.



Principal Place of Business

SAVANNAH ROAD
PO BOX 3661
FORT PIERCE FL 34948-3661

Mailing Address

SAVANNAH ROAD
PO BOX 3661
FORT PIERCE FL 34948-3661

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
07/29/1980

3a. Date of Last Report
02/20/1995

4. FEI Number
59-0836088

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTEEN, ISABELLE
511 N. INDIAN RIVER DRIVE
FT. PIERCE FL 34950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MINARDI, JOSEPH A.
STREET ADDRESS 311 ORANGE AVENUE
CITY-ST-ZIP FORT PIERCE FL

☐ DELETE

TITLE VPD
NAME OSTEEN, ISABELLE
STREET ADDRESS 511 N. INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL

☐ DELETE

TITLE VP
NAME SMITH, PORTIA
STREET ADDRESS 1805 MAYFLOWER RD.
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE SD
NAME ANDERSON, MELANIE
STREET ADDRESS 1634 SW GEMINI
CITY-ST-ZIP PORT ST LUCIE FL

☐ DELETE

TITLE TD
NAME SERINO, KATHLEEN
STREET ADDRESS 2810 PLACID AVE
CITY-ST-ZIP FORT PIERCE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME FINCH, THOMAS C YMD
1.3 STREET ADDRESS 4798 S US Hwy 1
1.4 CITY-ST-ZIP FT PIERCE, FL 34982

2.1 TITLE VPD ☐ Change ☐ Addition

2.2 NAME Isabelle Osteen
2.3 STREET ADDRESS 511 N. INDIAN RIVER DR.
2.4 CITY-ST-ZIP FT. PIERCE, FL - 34950

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Secretary ☐ Change ☐ Addition

4.2 NAME Melanie Anderson
4.3 STREET ADDRESS 1634 SW Gemini LN
4.4 CITY-ST-ZIP Ft St Lucie, FL 34984

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

Isabelle Osteen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

Date

Daytime Phone #

CR2E037 (12/95)