

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753518 (0)**

1. Corporation Name  
**HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.**



Principal Place of Business <b>SAVANNAH ROAD PO BOX 3661 FORT PIERCE FL 34948-3661</b>	Mailing Address <b>SAVANNAH ROAD PO BOX 3661 FORT PIERCE FL 34948-3661</b>
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3. Date Incorporated or Qualified <b>07/29/1980</b>
4. FEI Number <b>59-0836088</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name James P. Covey, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable) 1111 S. FED. HWY. STE 330  
83 FT PIERCE, FL. ~~34982~~ 34994  
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 *James P. Covey* **James P. Covey, 4-29-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FINCH, VMD T	
STREET ADDRESS	4798 S US HWY 1	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	OSTEEN, ISABELLE	
STREET ADDRESS	611 N. INDIAN RIVER DRCE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, PORTIA	
STREET ADDRESS	1805 MAYFLOWER RD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, MELANE	
STREET ADDRESS	1834 SW GEMINI	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SERINO, KATHLEEN	
STREET ADDRESS	2810 PLACID AVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TURMAIL, JANE	
1.3 STREET ADDRESS	5623 OLFANDER AVE.	
1.4 CITY-ST-ZIP	FT. PIERCE, FL 34982	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FINCH, VMD T	
2.3 STREET ADDRESS	4798 S. US1	
2.4 CITY-ST-ZIP	FT. PIERCE, FL 34982	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANDERSON, VICKI	
3.3 STREET ADDRESS	3141 S. IND. RIVER DR.	
3.4 CITY-ST-ZIP	FT. PIERCE	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: *Kathleen Serino* **KATHLEEN SERINO 3/26/98**

CR2E037 (10/97)