

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753518

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/29/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0836088	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

COVEY, J P
1111 S FED HWY
STE 330
FT. PIERCE FL 34994

10. Name and Address of New Registered Agent

81 Name	SERINO, KATHLEEN
82 Street Address (P.O. Box Number is Not Acceptable)	2810 PLACID AVE.
83 City	FORT PIERCE, FL. 34982
84 Zip Code	FL

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

Kathleen Serino

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SR
NAME	TURMAL, J	1.2 NAME	XXXXXXXXXX
STREET ADDRESS	5823 OLEANDER AVE	1.3 STREET ADDRESS	XXXXXXXXXXXXXXXXXX
CITY-ST-ZIP	FORT PIERCE FL 34982	1.4 CITY-ST-ZIP	XXXXXXXXXX34982
TITLE	VPD	2.1 TITLE	PD
NAME	FINCH, V	2.2 NAME	FINCH, V
STREET ADDRESS	4798 S US 1	2.3 STREET ADDRESS	4798 S US 1
CITY-ST-ZIP	FORT PIERCE FL 34982	2.4 CITY-ST-ZIP	FORT PIERCE FL 34982
TITLE	VP	3.1 TITLE	SD
NAME	ANDERSON, V	3.2 NAME	CLANCY, P
STREET ADDRESS	3141 S IND RIVER DR	3.3 STREET ADDRESS	1617 SE NO. BLACKWELL
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34952
TITLE	SD	4.1 TITLE	VPD
NAME	ANDERSON, MELANIE	4.2 NAME	DUNNING, P
STREET ADDRESS	1634 SW GEMINI	4.3 STREET ADDRESS	3041 FAIRWAY DR
CITY-ST-ZIP	PORT ST LUCIE FL	4.4 CITY-ST-ZIP	FT. PIERCE FL 34982
TITLE	TD	5.1 TITLE	
NAME	SERINO, KATHLEEN	5.2 NAME	
STREET ADDRESS	2810 PLACID AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Robert J. Turmal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99 (561) 461-0687.
Date Daytime Phone #

CR2E037 (5/99)