

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

FILED

99 AUG -9 PM 2:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # 753518

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

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| 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 |
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|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | 3. Date Incorporated or Qualified 07/29/1980 | 4. FEI Number 59-0836088 Applied For Not Applicable |
| 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 | | |

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|---|---|
| 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 FORT PIERCE, FL. 34982 84 City FL 85 Zip Code |
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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* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|--|--|
| TITLE PD NAME TURMAIL, J STREET ADDRESS 5823 OLEANDER AVE CITY-ST-ZIP FORT PIERCE FL 34982 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE SR 1.2 NAME XXXXXXXXXX 1.3 STREET ADDRESS XXXXXXXXXXXXXXXXXX 1.4 CITY-ST-ZIP XXXXXXXXXXXXXXXXXX | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VPD NAME FINCH, V STREET ADDRESS 4798 S US 1 CITY-ST-ZIP FORT PIERCE FL 34982 | <input type="checkbox"/> DELETE | 2.1 TITLE PD 2.2 NAME FINCH, V 2.3 STREET ADDRESS 4798 S US 1 2.4 CITY-ST-ZIP FORT PIERCE FL 34982 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME ANDERSON, V STREET ADDRESS 3141 S IND RIVER DR CITY-ST-ZIP FT PIERCE FL | <input type="checkbox"/> DELETE | 3.1 TITLE SD 3.2 NAME CLANCY, P 3.3 STREET ADDRESS 1617 SE NO. BLACKWELL 3.4 CITY-ST-ZIP PORT ST. LUCIE FL 34952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE SD NAME ANDERSON, MELANIE STREET ADDRESS 1834 SW GEMINI CITY-ST-ZIP PORT ST LUCIE FL | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE VPD 4.2 NAME DUNNING, P 4.3 STREET ADDRESS 3041 FAIRWAY DR 4.4 CITY-ST-ZIP FT. PIERCE FL 34982 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE TD NAME SERINO, KATHLEEN STREET ADDRESS 2810 PLACID AVE CITY-ST-ZIP FORT PIERCE FL | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Mark S. ...* DATE: 7/13/99 (561) 461-0687.
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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CR2E037 (5/99)