2005 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 754129

1. Entity Name
SOUTHEAST VOLUSIA HUMANE SOCIETY, INC.

Principal Place of Business	Mailing Address
1200 S GLENCOE RD NEW SMYRNA BCH, FL 32168-8437	1200 S GLENCOE RD NEW SMYRNA BCH, FL 32168-8437

DO NOT WRITE IN THIS SPACE

03252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1148843
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES
417 CANAL ST.
NEW SMYRNA BEACH, FL 32168

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FISCHER, VICKY
STREET ADDRESS	922 CHICKADEE DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	GEDDES, GAYLE
STREET ADDRESS	700 GLENN CIRCLE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VPD
NAME	WRIGHT, BARBARA
STREET ADDRESS	364 ALEATHA DR.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	SECD
NAME	TOMLINSON, JANET
STREET ADDRESS	1130 GREEN BRIAR AVE.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/05-80097-024 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vicky L Fischer 3/25/05 (386) 822-5073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #