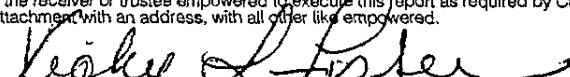


FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 754129 1. Entity Name SOUTHEAST VOLUSIA HUMANE SOCIETY, INC.  Principal Place of Business 1200 S GLENCOE RD NEW SMYRNA BCH, FL 32168-8437 Mailing Address 1200 S GLENCOE RD NEW SMYRNA BCH, FL 32168-8437		Secretary of State  03252005 No Chg-NPCR2E037 (10/03) 4. FEI Number 59-1148843 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HALL, CHARLES 417 CANAL ST. NEW SMYRNA BEACH, FL 32168	DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
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	(1100000303136 04/13/05-80097-024 61.25 DO NOT WRITE IN THIS SPACE
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/25/05 (386) 822-5013 Date Daytime Phone #