FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

763275 DOCUMENT #
1. Corporation Name

(5)

HUMANE SOCIETY OF SUMTER COUNTY, INC.

Principal Place	e of Business	Mailing Address		ı radışı sıdığı ğildə illiği işiliği iğild	. Riit Babai biğia bibir i	51011 01011 01011 1001
4993 CR 683 WEBSTER FL US		P.O. BOX 253 BUSHNELL FL 33513				
				3. Date Incorporated or Qualified 05/14/1982	3a. Date of L 05/01	ast Report 1/1995
21	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2999283		Applied For Not Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional
Crty & State 28		City & State		Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R		
è			81 Name			
HOGAN,	JUDITH T.		82 Street	Same Address (P.O. Box Number is Not Acceptab	Ia\	
≠ 850 NW 15TH PL-+				94 CR 300	ie)	
LAKE PANASOFFKEE FL 33538			83	> 1 OK 300		
			94 03			
			84 City	ke Panasoffkee	FL 85	Zip Code 33538
Or register	eu agent, or both, in the State of Fior	ida. Such change was authorizi	es, the above-named or	orporation submits this statement for the pur board of directors. I hereby accept the appo		
tamiliar wi	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes		, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE	Signature, typed or printed name of registered ager	the dead to be and associated to the second	FE: Registered Agent signature i		·	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	DATE	CLODE IN 16
TITLE	DC	DELETE	1.1 TITLE	P	Chan	
NAME	FOLEY-CREECH, JOY		1.2 NAME	Linda Graves	No ondin	de Thronion
STREET ADDRESS	4993 CR 683		1 3 STREET ADDRESS	11927 SW 31st Terrace		
CITY - ST - ZIP	Webster FL		1 4 CHTY-ST-ZIP	Webster, FL 33597	,	
TITLE	VD	₩DELETE	2 1 TITLE	T	Chan	ge 🔀 Addition
NAME	HENRY, RUTH	* *	2.2 NAME	Judith T. Hogan		go ga / idol(idi)
STREET ADDRESS	6177 CR 625		2 3 STREET ADDRESS	4794 CR 300		
CITY-ST-ZIF	BUSHNELL FL		2 4 CITY - ST - ZIP	Lake Panasoffkee, FL	22520	
TITLE	D	DELETE	31 TITLE	D D	Chan	ge 🔀 Addition
NAME	Barbour, Wil		3.2 NAME	Merle Crowley		3. 24
STREET ADDRESS	4272 S. US 301		3 3 STREET ADDRESS	1104 CR 543A		
CITY-ST-ZIP	BUSHNELL FL		3 4. CITY - ST - ZIP	Sumterville, FL 33585		
TITLE	D	DELETE	4 1 TITLE	Dumterville, Fr 33363	Chan	ge 🔀 Addition
NAME	SCHALL, DENNIS	•	4 2 NAME	Patricia Williams	_	
STREET ADDRESS	10269 SW 43RD PATH		4.3 STREET ADDRESS	899 CR 484		
CITY-ST-ZIP	WEBSTER FL		4.4 CITY-ST-ZIP	Lake Panasoffkee, FL	33538	
TITLE	D	DELETE	5 1 TITLE	D D	Chan	ge 🔀 Addition
NAME	KATZEN, TANYA		5.2 NAME	Jame Brangman		-
STREET ADDRESS	11465 SW 49TH PLACE		5 3 STREET ADDRESS	4556 E CR 468		
DITY-ST-ZIP	WEBSTER FL		5 4 CITY - ST- ZIP	Wildwood, FL 34785		
TITLE	D	DELETE	6 1 TITLE		☐ Chang	ge 🔲 Addition
NAME	PITTS, JOANNE		6.2 NAME			_
STREET ADDRESS	1042 CR 753 S.		6 3 STREET ADDRESS			1
CITY-ST-ZIP	WEBSTER FL		CACITY OF TIG			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Apr. 29, 1996 (352) 568-0045

Dayton Proce #