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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763275 (5)

1. Corporation Name
HUMANE SOCIETY OF SUMTER COUNTY, INC.

Principal Place of Business	Mailing Address
4993 CR 683 WEBSTER FL 33597 US	P.O. BOX 253 BUSHNELL FL 33513-0253

3. Date Incorporated or Qualified: 05/14/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2999283 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOGAN, JUDITH T.
4794 CR 300
LAKE PANASOFFKEE FL 33538

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ 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	~~DC~~	☐ DELETE	1.1 TITLE	DC, T	☐ Change ☒ Addition
NAME	FOLEY-CREECH, JOY		1.2 NAME		
STREET ADDRESS	4993 CR 683		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		1.4 CITY-ST-ZIP		
TITLE	~~T~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~JUDITH T. HOGAN~~		2.2 NAME		
STREET ADDRESS	~~4794 CR 300~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~LAKE PANASOFFKEE FL~~		2.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	~~BARBOUR, WIL~~		3.2 NAME	EVANS, SHERI	
STREET ADDRESS	~~4272 S. US 301~~		3.3 STREET ADDRESS	1020 E. CR 48	
CITY-ST-ZIP	~~BUSHNELL FL~~		3.4 CITY-ST-ZIP	BUSHNELL, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, PATRICIA		4.2 NAME		
STREET ADDRESS	899 CR 484		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE FL		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~JANE BRANGMAN~~		5.2 NAME	CROWLEY, MERLE	
STREET ADDRESS	~~4550 E CR 468~~		5.3 STREET ADDRESS	1104 CR 543A	
CITY-ST-ZIP	~~WILDWOOD FL~~		5.4 CITY-ST-ZIP	BUSHNELL, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PITTS, JOANNE		6.2 NAME		
STREET ADDRESS	1042 CR 753 S.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Joy Foley Creech Required Foley Creech 5-1-97 352-568-2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045513