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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763275

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

Principal Place of Business	Mailing Address
720 SOUTHLAND AVE BUSHNELL FL 33513 US	P.O. BOX 253 BUSHNELL FL 33513

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)

3. Date Incorporated or Qualifed: 05/14/1982
4. FEI Number: 59-2999283 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

FORLEY-CREECH, JOY
4993 C.R. 683
WEBSTER FL 33597

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	DCT	☐ DELETE	1.1 TITLE		☐ 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	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, SHERI		2.2 NAME		
STREET ADDRESS	1020 E CR 48		2.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, PATRICIA		3.2 NAME		
STREET ADDRESS	899 CR 484		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CROWLEY, MERLE		4.2 NAME	JUDITH HOGAN	
STREET ADDRESS	1104 CR 543A		4.3 STREET ADDRESS	4794 C.R. 300	
CITY-ST-ZIP	BUSHNELL FL		4.4 CITY-ST-ZIP	LK. PANASOFFKEE, FL 32538	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PITTS, JOANNE		5.2 NAME		
STREET ADDRESS	1042 CR 753 S.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, LINDA		6.2 NAME		
STREET ADDRESS	11927 SW 31ST TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL 33597		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED CHAIRMAN JAN. 28, 1999 (352) 568-2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)