2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State
03-24-2004 90046 036 ****70.00

DOCUMENT # 763275

1. Entity Name

HUMANE SOCIETY/SPCA OF SUMTER COUNTY, INC.

Principal Place of Business	Mailing Address
138 BUSHNELL PLAZA SUITE 104 BUSHNELL FL 33513 US	PO BOX 253 BUSHNELL FL 33513

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2999283 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOGAN, JUDITH T 4794 CR 300 LAKE PANASOFFKEE FL 33538	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORDT, DAWN 171 CR 532B BUSHNELL FL 33513	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GRAVES, LINDA 11927 SW 31st TERRACE WEBSTER, FL 33597	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, SHERI 1400 SE 70TH AVE BUSHNELL FL 33513	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIPPEY, SUZANNE 10129A SE 22nd PATH WEBSTER, FL 33597	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOUP, LUCY 3901 COUNTY ROAD 511-A WILDWOOD FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOWRY, SUE 4272 S. US HWY. 301, #206 BUSHNELL FL 33513	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HENDERSON, JENNIFER 213 W. KINGS HWY - PO BOX 337 CENTER HILL FL 33514	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOGAN, JUDITH T 4794 CR 300 LAKE PANASOFFKEE FL 33538	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT	☒ Change ☐ Addition

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: Judith T. Hogan JUDITH T. HOGAN 3-15-04 (352)568-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #