

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90103 043 \*\*\*\*70.00

|                                                                                          |                                                                                   |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 763275</b><br>1. Entity Name<br>HUMANE SOCIETY/SPCA OF SUMTER COUNTY, INC. |  |
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|                                                                               |                                                           |
|-------------------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>994 CR 529A<br>LAKE PANASOFFKEE FL 33538<br>US | Mailing Address<br>PO BOX 67<br>LAKE PANASOFFKEE FL 33538 |
|-------------------------------------------------------------------------------|-----------------------------------------------------------|



|                                                                              |                                                                  |         |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|

1st MOORE CR2E037 (10/05)

|                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>HOGAN, JUDITH T<br>4794 CR 300<br>LAKE PANASOFFKEE FL 33538 |  |
|--------------------------------------------------------------------------------------------------------------------|--|

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|----------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
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| 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<br><small>*Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                     | DATE<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

|                                                              |                                                                                     |                                       |                                                                    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LATHAM, LINDA<br>1874 SE 44TH PL<br>BUSHNELL FL 33513 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAJOR, MARION<br>2063 CR 439A<br>LAKE PANASOFFKEE FL 33538 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SHOUP, LUCY<br>3901 COUNTY ROAD 511-A<br>WILDWOOD FL 34785 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Fusco, Loucille<br>748 Santa Fe St.<br>The Villages, FL 32162 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DCT<br>HOGAN, JUDITH T<br>4794 CR 300<br>LAKE PANASOFFKEE FL 33538 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>EVANS, SHERI<br>1400 SE 70TH AVE<br>BUSHNELL FL 33513 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VAUGHN, SANDI<br>1682 NW ST<br>BUSHNELL FL 33513 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. |
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**SIGNATURE:** Judith T. Hogan JUDITH T. HOGAN 5-1-06 352-568-0045

ATTACHMENT

~~60037958~~  
~~# 763275~~

**HUMANE SOCIETY/SPCA OF SUMTER COUNTY, INC.**

**P. O. BOX 67**

**LAKE PANASOFFKEE, FL 33538**

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ADDITIONS

|          |                              |          |
|----------|------------------------------|----------|
| Title:   | D                            | Addition |
| Name:    | Diane Hartman                |          |
| Address: | 7390 SE 173rd Arlington Loop |          |
|          | The Villages, FL 32162       |          |

|          |                             |          |
|----------|-----------------------------|----------|
| Title:   | D/S                         | Addition |
| Name:    | Cindy Seidel                |          |
| Address: | 17176 SE 93rd Yondel Circle |          |
|          | The Villages, FL 32162      |          |