

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **753518** (0)
1. Corporation Name
HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.

95 FEB 20 AM 11:24

Principal Place of Business Mailing Address
SAVANNAH ROAD SAVANNAH ROAD
PO BOX 3661 PO BOX 3661
FORT PIERCE FL 34948-3661 FORT PIERCE FL 34948-3661

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1980** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-0836088** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$66.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

OSTEEN, ISABELLE
511 N. INDIAN RIVER DRIVE
FT. PIERCE FL 34950

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD MINARDI, JOSEPH A. 311 ORANGE AVENUE FORT PIERCE FL
VPD OSTEEN, ISABELLE 511 N. INDIAN RIVER DRIVE FORT PIERCE FL
VP SMITH, PORTIA 1805 MAYFLOWER RD. FT. PIERCE FL
SD HARRIS, KITTY 3324 SUNRISE BLVD. FORT PIERCE FL
TD JOHNSON, MICHAEL P.O. BOX 1774 N/A STUARG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME **ANDERSON, MELANIE**
4.3 STREET ADDRESS **1634 S.W. GEMINI**
4.4 CITY-ST-ZIP **FORT ST LUCIE FL 34984**
5.1 TITLE Change Addition
5.2 NAME **SERINO, KATHLEEN**
5.3 STREET ADDRESS **2810 PLACID AVE**
5.4 CITY-ST-ZIP **FORT PIERCE, FL 34982**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(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 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: *Isabelle Osteen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-95 *407-465-8983*
DATE (Month/Day/Year) Telephone #