

FILE NOW: FILING FEE IS \$61.25*

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709921 (1)

1. Corporation Name

HUMANE SOCIETY OF HERNANDO COUNTY, INC.



Principal Place of Business

WISCON AND MOBLEY RD.
P.O. BOX 481
BROOKSVILLE FL 34805

Mailing Address

WISCON AND MOBLEY RD.
P.O. BOX 481
BROOKSVILLE FL 34805

3. Date Incorporated or Qualified
11/15/1965

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

P.O. BOX 480

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

10. Name and Address of New Registered Agent

SEECHIK, STELLA
1441 HENRY CT
SPRING HILL FL 34609

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 BONNIE LENZ

Signature, typed or printed name of registered agent and title (typed or printed)

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	SEECHIK, STELLA	1441 HENRY CT	SPRING HILL FL 34608	<input checked="" type="checkbox"/>
SD	JULLIS, BEVERLY	10210 TARPON SPRING RD	ODESSA FL 33551	<input checked="" type="checkbox"/>
TD	CIAMPAGLIA, RITA	7426 BLACK HAWK	SPRING HILL FL 34606	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
PD	Bonnie Lenz	2618 Hidden Pines Dr.	Spring Hill, FL 34606	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Betty Hay	4510 Drexel Rd	Land O Lakes, FL 34639	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Rita Ciampaglia	7426 Blackhawk Trail	Spring Hill, FL 34606	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Nancy Ashley	9084 Gallup Circle	Spring Hill, FL 34608	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Rick Silvani	24419 Lanark Rd	Brooksville, FL 34601	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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:

Bonnie Lenz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Lenz President

3/12/96
(352) 688-9909

SG 3-30-96

CR2E037 (12/95)