

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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **753518** (0)

1. Corporation Name

HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.



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

3. Date Incorporated or Qualified: 07/29/1980
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-0836088
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MINARDI, JOSEPH A.	
STREET ADDRESS	311 ORANGE AVENUE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	OSTEEN, ISABELLE	
STREET ADDRESS	511 N. INDIAN RIVER DRIVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, PORTIA	
STREET ADDRESS	1805 MAYFLOWER RD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, MELANIE	
STREET ADDRESS	1634 SW GEMINI	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SERINO, KATHLEEN	
STREET ADDRESS	2810 PLACID AVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FINCH, THOMAS C YMD	
1.3 STREET ADDRESS	4798 SUS HWY 1	
1.4 CITY-ST-ZIP	FT PIERCE, FL 34982	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Isabelle Osteen	
2.3 STREET ADDRESS	511 N. INDIAN RIVER DR.	
2.4 CITY-ST-ZIP	FT. PIERCE, FL - 34950	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Melanie Anderson	
4.3 STREET ADDRESS	1634 SW Gemini Ln	
4.4 CITY-ST-ZIP	Port St Lucie, FL 34984	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Isabelle Osteen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

Date: _____ Daytime Phone #: _____

CR2E037 (12/95)