

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 480
BROOKSVILLE FL 34605

Mailing Address

WISCON AND MOBLEY RD.
P.O. BOX 480
BROOKSVILLE FL 34605-0480



3. Date Incorporated or Qualified
11/15/1965

3a. Date of Last Report
03/30/1996

4. FEI Number
59-1094757

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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 PD ☐ DELETE

NAME LENZ, BONNIE
STREET ADDRESS 2618 HIDDEN PINES DR
CITY-ST-ZIP SPRING HILL FL 34606

TITLE VD ☐ DELETE

NAME HAY, BETTY
STREET ADDRESS 4510 DREXEL RD
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE TD ☐ DELETE

NAME CIAMPAGLIA, RITA
STREET ADDRESS 7426 BLACK HAWK
CITY-ST-ZIP SPRING HILL FL 34606

TITLE SD ☒ DELETE

NAME ASHLEY, NANCY
STREET ADDRESS 9084 GALLUP CIR
CITY-ST-ZIP SPRING HILL FL 34608

TITLE D ☒ DELETE

NAME SILVANI, RICK
STREET ADDRESS 24419 LANARK RD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☐ Change ☒ Addition

1.2 NAME Doreen L Wood
1.3 STREET ADDRESS 816 Village Dr.
1.4 CITY-ST-ZIP Brooksville FL 34601

2.1 TITLE Secretary ☐ Change ☒ Addition

2.2 NAME Betty Thoroman
2.3 STREET ADDRESS 14138 Kingmont St
2.4 CITY-ST-ZIP Spring Hill FL 34609

3.1 TITLE Board member at large ☐ Change ☐ Addition

3.2 NAME Ciampaglia, Rita
3.3 STREET ADDRESS 7426 Black Hawk
3.4 CITY-ST-ZIP Spring Hill, FL 34606

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Doreen L Wood

1/29/97 352-796-2711

CR2E037 (9/96)