

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 753518 (0)**

1. Corporation Name

**HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.**



Principal Place of Business

Mailing Address

SAVANNAH ROAD  
 PO BOX 3661  
 FORT PIERCE FL 34948-3661

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 PO BOX 3661  
 FORT PIERCE FL 34948-3661

3. Date Incorporated or Qualified  
**07/29/1980**

3a. Date of Last Report  
**04/02/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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 DIRVE**  
**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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
**PD**  
 NAME **FINCH, VMD T**  
 STREET ADDRESS **4798 S US HWY 1**  
 CITY-ST-ZIP **FORT PIERCE FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
**VPD**  
 NAME **OSTEEN, ISABELLE**  
 STREET ADDRESS **511 N. INDIAN RIVER DIRCE**  
 CITY-ST-ZIP **FORT PIERCE FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
**VP**  
 NAME **SMITH, PORTIA**  
 STREET ADDRESS **1805 MAYFLOWER RD.**  
 CITY-ST-ZIP **FT. PIERCE FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
**SD**  
 NAME **ANDERSON, MELANIE**  
 STREET ADDRESS **1634 SW GEMINI**  
 CITY-ST-ZIP **PORT ST LUCIE FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
**TD**  
 NAME **SERINO, KATHLEEN**  
 STREET ADDRESS **2810 PLACID AVE**  
 CITY-ST-ZIP **FORT PIERCE FL**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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.

CR2E037 (9/96)