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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
07/29/1980

4. FEI Number
59-0836088

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	James P. Covey, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)	1111 S. FED. HWY, STE 330
83 City	FT PIERCE, FL. 34982 34994
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: *James P. Covey* **James P. Covey, 4-29-98**

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	<input checked="" type="checkbox"/> DELETE
NAME	FINCH, VMD T	
STREET ADDRESS	4798 S US HWY 1	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	OSTEEN, ISABELLE	
STREET ADDRESS	511 N. INDIAN RIVER DIRCE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VP	<input checked="" 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, MELANE	
STREET ADDRESS	1834 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TURMAIL, JANE	
1.3 STREET ADDRESS	5623 OLFANDER AVE.	
1.4 CITY-ST-ZIP	FT. PIERCE, FL 34982	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FINCH, VMD T	
2.3 STREET ADDRESS	4798 S. US1	
2.4 CITY-ST-ZIP	FT. PIERCE, FL 34982	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANDERSON, VICKI	
3.3 STREET ADDRESS	3141 S. IND. RIVER DR.	
3.4 CITY-ST-ZIP	FT. PIERCE	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *Kathleen Serino* **KATHLEEN SERINO 3/26/98**

CR2E037 (10/97)