

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 06, 2004
Secretary of State**

DOCUMENT# 753518

Entity Name: HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

SAVANNAH ROAD
PO BOX 3661
FORT PIERCE, FL 349483661

New Principal Place of Business:

Current Mailing Address:

SAVANNAH ROAD
PO BOX 3661
FORT PIERCE, FL 349483661

New Mailing Address:

FEI Number: 59-0836088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERINO, KATHLEEN
2810 PLACID AVE
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 2VPD () Delete
Name: MAYER, GABRIELE
Address: 2005 WINDING CREEK
City-St-Zip: FORT PIERCE, FL 34982

Title: 1VPD () Delete
Name: CLANCY, PRISCILLA
Address: 809 SW ST THOMAS COVE
City-St-Zip: PORT SAINT LUCIE, FL 34980

Title: TD () Delete
Name: SERINO, KATHLEEN
Address: 2810 PLACID
City-St-Zip: FORT PIERCE, FL 34981

Title: RSD () Delete
Name: LECLAIR, KATHY
Address: 4326 WINDING PL
City-St-Zip: FORT PIERCE, FL 34981

Title: PD () Delete
Name: DAVIS, BOB
Address: 382 S. NARAMJA AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN SERINO

BOAR

07/06/2004

Electronic Signature of Signing Officer or Director

Date