

**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