


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90176 048 ****61.25

DOCUMENT # 753518

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



Principal Place of Business Mailing Address

SAVANNAH ROAD **SAVANNAH ROAD**
PO BOX 3661 **PO BOX 3661**
FORT PIERCE FL 34948-3661 **FORT PIERCE FL 34948-3661**

70014102



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0836088** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SERINO, KATHLEEN
2810 PLACID AVE
FT. PIERCE FL 34982

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathleen Serino* DATE **1-14-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISCH, EDWARD PO BOX 13479 FORT PIERCE FL 34948 <input checked="" type="checkbox"/> Delete XXX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD FINCH, THOMAS 4708 SOUTH US 1 FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete XXXX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLANCY, PRISCILLA 809 SW ST THOMAS COVE PORT SAINT LUCIE FL 34980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition XXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERINO, KATHLEEN 2810 PLACID FORT PIERCE FL 34981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD LECLAIR, KATHY 4326 WINDING PL FORT PIERCE FL 34981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition XXXXXX
		PD BOB DAVIS 382 S. NARANJA AV. PORT ST. LUCIE, FL. 34983	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1-14-03**

CR2E037 (10/02)