

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706619

Entity Name: THE HUMANE SOCIETY OF HIGHLANDS COUNTY, FLORIDA, INC.**FILED**
Feb 24, 2014
Secretary of State
CC4451648670**Current Principal Place of Business:**7321 HAYWOOD TAYLOR BLVD
SEBRING, FL 33876**Current Mailing Address:**7321 HAYWOOD TAYLOR BLVD
SEBRING, FL 33876 US**FEI Number: 59-1104159****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SPIEGEL, JUDY
7321 HAYWOOD TAYLOR BLVD
SEBRING, FL., FL 33876 US*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: JUDY SPIEGEL****02/24/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	SPIEGEL, JUDY	Name	ANDERSON, SANDY
Address	2175 SCHLOSSER RD	Address	300 WALL STREET
City-State-Zip:	SEBRING FL 33875	City-State-Zip:	SEBRING FL 33870
Title	TREASURER	Title	SECRETARY
Name	HANSON, NICHOLE	Name	WALKER, DEBBIE
Address	1701 CHAPEL HILL ST.	Address	3526 HOWARD AVE.
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	SEBRING FL 33876
Title	DIRECTOR	Title	DIRECTOR
Name	BENEVIDES, BENNY	Name	CLARK, SUE
Address	665 MOON RANCH RD.	Address	479 LAKE APTHORPE DR.
City-State-Zip:	SEBRING FL 33870	City-State-Zip:	LAKE PLACID FL 33852
Title	DIRECTOR		
Name	CLARK, SUE		
Address	479 LAKE APTHORPE DR		
City-State-Zip:	LAKE PLACID FL 33852		

I hereby 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 all other like empowered.

SIGNATURE: JUDY SPIEGEL**PRESIDENT****02/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date