

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706619

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC4452739603****Entity Name:** THE HUMANE SOCIETY OF HIGHLANDS COUNTY, FLORIDA, INC.**Current Principal Place of Business:**7421 HAYWOOD TAYLOR BLVD  
PO BOX 833 - MAILING ADDRESS  
SEBRING, FL 33871**Current Mailing Address:**PO BOX 833  
SEBRING, FL 33871 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****01/17/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	SPIEGEL, JUDY
Address	PO BOX 833
City-State-Zip:	SEBRING FL 33871

Title	VP
Name	CLARK, SUE
Address	PO BOX 833
City-State-Zip:	SEBRING FL 33871

Title	TREASURER
Name	CHILDRRESS, LINDA
Address	PO BOX 833
City-State-Zip:	SEBRING FL 33871

Title	SECRETARY
Name	HANSEN, NICOLE
Address	PO BOX 833
City-State-Zip:	SEBRING FL 33871

Title	DIRECTOR
Name	STAFFIERI, SUSAN
Address	PO BOX 833
City-State-Zip:	SEBRING FL 33871

Title	DIRECTOR
Name	SUTHERLAND, PARK
Address	PO BOX 833
City-State-Zip:	SEBRING FL 33871

Title	DIRECTOR
Name	POST, JOY
Address	PO BOX 833
City-State-Zip:	SEBRING FL 33871

*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****01/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date