

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753518

**Entity Name:** HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.**Current Principal Place of Business:**8890 NW GLADES CUT-OFF ROAD  
PORT ST. LUCIE, FL 34986**Current Mailing Address:**8890 NW GLADES CUT-OFF ROAD  
PORT ST. LUCIE, FL 34986**FEI Number:** 59-0836088**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4TH STREET N  
SUITE 300  
ST. PETERSBURG, FL 33702 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCINTURFF, MELISSA  
Address        8890 NW GLADES CUT-OFF ROAD  
City-State-Zip: PORT ST. LUCIE FL 34986

Title            DIRECTOR  
Name            LLOYD, BRYAN  
Address        8890 NW GLADES CUT-OFF ROAD  
City-State-Zip: PORT ST. LUCIE FL 34986

Title            DIRECTO  
Name            CAPANO, JENNIFER  
Address        8890 NW GLADES CUT OFF ROAD  
City-State-Zip: PORT ST. LUCIE FL 34986

Title            DIRECTOR  
Name            RIESGO, CINDY  
Address        HUMANE SOCIETY OF ST LUCIE CO  
8890 NW GLADES CUT-OFF RD.  
City-State-Zip: PORT ST. LUCIE FL 34986

Title            DIRECTOR  
Name            ALLEN, SANDEE  
Address        8890 NW GLADES CUT OFF ROAD  
City-State-Zip: PORT ST. LUCIE FL 34986

*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:** MELISSA MCINTURFF

PRESIDENT

01/16/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date