

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 US

FEI Number: 59-0836088

Certificate of Status Desired: Yes

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

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

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

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

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

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

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

Title CEO
Name BASILE, ERIKA
Address 8890 NW GLADES CUT-OFF ROAD
City-State-Zip: PORT ST. LUCIE FL 34986

Continues on page 2

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: SHANNON MARTIN

VP

11/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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