

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 753518

**Entity Name:** HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

HUMANE SOCIETY OF ST LUCIE CO  
8890 NW GLADES CUT-OFF RD.  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

HUMANE SOCIETY OF ST LUCIE CO  
PO BOX 14199  
FORT PIERCE, FL 34979 US

**FEI Number:** 59-0836088

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, ROBERT  
382 SE NARANJA AVE  
PORT ST LUCIE, FL 34983 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 VP  
Name ALLEN, SANDRA  
Address 1900 TROWBRIDGE ROAD  
City-State-Zip: FORT PIERCE FL 34945

Title SECRETARY  
Name FERRARA, JOANNE  
Address 712 SE THANKSGIVING AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34984

Title PRESIDENT  
Name NAVARETTA, STEPHEN  
Address 7309 RESERVE CREEK DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title TREASURER  
Name DAVIS, ROBERT A  
Address 382 SE NARANJA AVE  
City-State-Zip: PORT ST LUCIE, FL 34983

*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:** STEPHEN NAVARETTA

**PRESIDENT**

**10/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date