

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753518

Entity Name: HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.**Current Principal Place of Business:**HUMANE SOCIETY OF ST LUCIE CO
100 SAVANNAH ROAD
FORT PIERCE, FL 34982**Current Mailing Address:**HUMANE SOCIETY OF ST LUCIE CO
100 SAVANNAH ROAD
FORT PIERCE, FL 34982**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 1/VP
Name ALLEN, SANDRA
Address 1900 TROWBRIDGE ROAD
City-State-Zip: FORT PIERCE FL 34945Title PD
Name FRISCHKORN, CARROL
Address 1651 BINNEY DR
City-State-Zip: FORT PIERCE FL 34949Title PRES
Name MILLER, ANNETTE
Address 2015 31ST AVE
City-State-Zip: VERO BEACH FL 32960Title PD
Name CLANCY, PRISCILLA
Address 4319 GATOR TRACE DR
City-State-Zip: FORT PIERCE FL 34982Title RSD
Name LANDERS, PAMELA
Address 3819 ST MARKS ROAD
City-State-Zip: FORT PIERCE FL 34982Title TREA
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: ROBERT A DAVIS**TREASURER****01/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date