

**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

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*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