

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 753518

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

**FILED**  
**Oct 16, 2018**  
**Secretary of State**  
**CC5475389111**

**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:**

NAVARETTA, STEPHEN  
7309 RESERVE CREEK DRIVE  
PORT ST LUCIE, FL 34986 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: STEPHEN NAVARETTA**

**10/16/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title PRESIDENT  
Name NAVARETTA, MARY JEAN  
Address HUMANE SOCIETY OF ST LUCIE CO  
8890 NW GLADES CUT-OFF RD.  
City-State-Zip: PORT ST. LUCIE FL 34986

Title TREASURER  
Name FECHTER, CARYN  
Address HUMANE SOCIETY OF ST LUCIE CO  
8890 NW GLADES CUT-OFF RD.  
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: STEPHEN NAVARETTA**

**VICE PRESIDENT**

**10/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date