

2019 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

FEI Number: 59-0836088

Certificate of Status Desired: No

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

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

Title DIRECTOR
Name STOKES, CLIFF
Address 8890 NW GLADES CUT-OFF ROAD
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

DIRECTOR

09/26/2019

Electronic Signature of Signing Officer/Director Detail

Date