

**2023 FLORIDA NOT FOR PROFIT CORPORATION 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:** 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 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 DIRECTOR  
Name OCAMPO, ADRIAN  
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

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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

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	CEO
Name	CAMELIO, GLENN
Address	8890 NW GLADES CUT-OFF ROAD
City-State-Zip:	PORT ST. LUCIE FL 34986