

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N10000010601

**Jan 07, 2024**

**Entity Name:** HUMANE SOCIETY AT LAKEWOOD RANCH INC.

**Secretary of State**

**6741551970CC**

**Current Principal Place of Business:**

26920 GOPHER HILL ROAD  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

26920 GOPHER HILL ROAD  
MYAKKA CITY, FL 34251 US

**FEI Number: 27-3937966**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MURCHIE, DEANNA L  
26920 GOPHER HILL ROAD  
MYAKKA CITY, FL 34251 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: DEANNA L MURCHIE**

**01/07/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MURCHIE, DEANNA  
Address        26920 GOPHER HILL ROAD  
City-State-Zip: MYAKKA CITY FL 34251

Title            VP  
Name            GIROUX, SUSAN  
Address        26920 GOPHER HILL ROAD  
City-State-Zip: MYAKKA CITY FL 34251

Title            DIRECTOR  
Name            JOHNSON, CHERYL  
Address        26920 GOPHER HILL ROAD  
City-State-Zip: MYAKKA CITY FL 34251

Title            DIRECTOR  
Name            RUTSKY, ANDREA  
Address        26920 GOPHER HILL ROAD  
City-State-Zip: MYAKKA CITY FL 34251

Title            TREASURER  
Name            STEIN, NADINE  
Address        26920 GOPHER HILL ROAD  
City-State-Zip: MYAKKA CITY FL 34251

Title            DIRECTOR  
Name            JACKSON, CINDY  
Address        26920 GOPHER HILL ROAD  
City-State-Zip: MYAKKA CITY FL 34251

Title            DIRECTOR  
Name            CARLSON, ANGELA  
Address        26920 GOPHER HILL ROAD  
City-State-Zip: MYAKKA CITY FL 34251

Title            DIRECTOR  
Name            NICHOLAS, JOANN  
Address        715 NORTH SHORE DRIVE  
                  402  
City-State-Zip: CLEAR LAKE IA 50428

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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: DEANNA L. MURCHIE**

**PRESIDENT**

**01/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name FANTO, JAMES  
Address 26920 GOPHER HILL ROAD  
City-State-Zip: MYAKKA CITY FL 34251