

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000490

**Entity Name:** HUMANE ANIMAL TREATMENT CHARITY, INC.

**Current Principal Place of Business:**

20604 NW 250TH ST.  
HIGH SPRINGS, FL 32643-2351

**Current Mailing Address:**

20604 NW 250TH ST.  
HIGH SPRINGS, FL 32643-2351

**FEI Number:** 27-4371975

**Certificate of Status Desired:** Yes

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

LEVINE, EUGENE  
20604 NW 250TH ST.  
HIGH SPRINGS, FL 32643-2351 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 PD  
Name LEVINE, EUGENE  
Address 20604 NW 250TH ST.  
City-State-Zip: HIGH SPRINGS FL 32643-2351

Title SD  
Name LEVINE, ARLENE DORIN  
Address 20604 NW 250TH ST.  
City-State-Zip: HIGH SPRINGS FL 32643-2351

Title D  
Name CARRASCO, LEDA  
Address 435 SE 6TH LANE  
City-State-Zip: HIGH SPRINGS FL 32643

Title D  
Name WELLER, THOMAS R  
Address 23327 NW COUNTY ROAD 236, STE 50,  
City-State-Zip: HIGH SPRINGS FL 32643-2351

*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:** EUGENE LEVINE

**PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date