

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90241 020 ****70.00

DOCUMENT # 700877

1. Corporation Name

**ORLANDO HUMANE SOCIETY, INC./SOCIETY FOR THE PRE
VENTION OF CRUELTY TO ANIMALS OF CENTRAL FLORIDA**

Principal Place of Business

**2727 AMERICANA BLVD
ORLANDO FL 32839-2162**

Mailing Address

**2727 AMERICANA BLVD
ORLANDO FL 32839-2162**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/29/1960

4. FEI Number

59-0637883

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MCMAHON, MICHAEL P
255 S. ORANGE AVE
SUITE 1000
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

STANISZKIS, DAISY

82 Street Address (P.O. Box Number is Not Acceptable)

100 S ORANGE AVENUE, 9th

83

84 City

ORLANDO

FL

85 Zip Code

32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **MCMAHON, MICHAEL**
CITY-ST-ZIP **255 S. ORANGE AVE., SUITE 1000
ORLANDO FL**

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **GATES, JOSEPHINE A**
CITY-ST-ZIP **90 E. LIVINGSTON ST
ORLANDO FL**

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **STANISZKIS, DAISY**
CITY-ST-ZIP **100 S ORANGE AVE 9
ORLANDO FL 32801**

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **BURLESON, LINA**
CITY-ST-ZIP **356 CINNAMON BARK LN
ORLANDO FL 32835**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

☒ Change ☐ Addition

BURLESON, LINDA

☒ Change ☐ Addition

**S/D
GIBSON, PATRICIA
90 E. LIVINGSTON STREET
ORLANDO, FL 32801-1535**

☐ Change ☒ Addition

**V/D
RUSSOW, LINDA
525 SPRINGCREEK DRIVE
LONGWOOD, FL 32779-3354**

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/99

Daytime Phone #

351-7722

CR2E037 (11/98)

0018440

537852-90241-20
700877

ADDITIONAL DIRECTORS

NAME

| | |
|--------------------|-------------------------|
| TITLE | D |
| NAME | Babitt, Mr. Randy |
| ADDRESS | 6770 Lake Ellenor Drive |
| CITY-ST-ZIP | Orlando, FL 32859 |
| TITLE | D |
| NAME | Bizzelle, Ms. Ashleigh |
| ADDRESS | 1262 St. Tropez Cir. |
| CITY-ST-ZIP | Orlando, FL 32806-5552 |
| TITLE | D |
| NAME | Burke, Mrs. Judy |
| ADDRESS | 7814 Montezuma Trl. |
| CITY-ST-ZIP | Orlando, FL 32825-5241 |
| TITLE | D |
| NAME | Crotty, Mr. Richard |
| ADDRESS | 3506 Country Lakes Dr. |
| CITY-ST-ZIP | Orlando, FL 32812 |
| TITLE | D |
| NAME | Ryan, Ms. Fonda |
| ADDRESS | 7007 Sea World Dr. |
| CITY-ST-ZIP | Orlando, FL 32821 |
| TITLE | D |
| NAME | Connor, Wendy |
| ADDRESS | 125 Bridgeview Court |
| CITY-ST-ZIP | Longwood, FL 32779-4970 |
| TITLE | D |
| NAME | Sellers, Bruce |
| ADDRESS | 6048 Lexington Park |
| CITY-ST-ZIP | Orlando, FL 32819 |
| TITLE | D |
| NAME | Matzick, Cynthia |
| ADDRESS | 75 S. Ivanhoe Blvd. |
| CITY-ST-ZIP | Orlando, FL 32802 |