## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 703408** 

FILED Apr 01, 2008 Secretary of State

Entity Name: HUMANE SOCIETY OF SARASOTA COUNTY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2331 15TH STREET SARASOTA, FL 34237 **Current Mailing Address: New Mailing Address:** 2331 15TH STREET SARASOTA, FL 34237 FEI Number: 59-6014943 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLMAN, DEBORAH R MILLMAN, DEBORAH R 671 DIXON RD 2331 15TH STREET SARASOTA, FL 34237 VENICE, FL 34292 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: 04/01/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EASTMAN, IRIS Name: Name: 6236 CYPRESS BEND COURT Address: Address: City-St-Zip: UNIVERSITY PARK, FL 34201 City-St-Zip: Title: SD Title: () Delete () Change () Addition NIXON, ROBIN Name: Name: Address: 5730 CARRAIGE DRIVE Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: VD. () Delete Title: (X) Change ( ) Addition SMITH, JODIE Name: FAULK, JEAN L Name: Address: 7892 BERGAMO AVENUE Address: 4576 IOLA DRIVE City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34231 Title: TD ( ) Delete Title: () Change () Addition Name: ESPOSITO, THOMAS A Name: 50 CENTRAL AVE, UNIT 1602 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition SMITH, JODIE CONNELY, MEGHAN Name: Name: 7892 BERGAMO AVENUE 4941FALLCREST CIR Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34233 Title: ( ) Delete Title: (X) Change ( ) Addition MILLMAN, DEBORAH R MILLMAN, DEBORAH R Name: Name: 2331 15TH STREET Address: 671 DIXON RD Address: VENICE, FL 34292 SARASOTA, FL 34237 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBORAH MILLMAN ED 04/01/2008