

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706619 (4)
 1. Corporation Name
THE HUMANE SOCIETY OF HIGHLANDS COUNTY, FLORIDA, INC.



Principal Place of Business 7910 AIRPORT RD. BOX 732 BOX 732 SEBRING FL 33870 US	Mailing Address P.O. BOX 732 BOX 732 SEBRING FL 33871 US
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3. Date Incorporated or Qualified 12/30/1963	3a. Date of Last Report 04/28/1995
4. FEI Number 59-1104159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MELVIN PEGGY A 481 ROOSEVELT AVE NE LAKE PLACID FL 33852	10. Name and Address of New Registered Agent 81 Name MARJORIE ALLWOOD 82 Street Address (P.O. Box Number is Not Acceptable) 6504 HANCOCK Rd 83 84 City SEBRING FL 85 Zip Code 33872
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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: **MARJORIE ALLWOOD**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	PARKER, JUDY	
STREET ADDRESS	7609 W JOSEPHINE RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	VPO	<input checked="" type="checkbox"/>
NAME	JOHNSON, ALICE	
STREET ADDRESS	5210 LIME RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	MELVIN, PEGGY	
STREET ADDRESS	481 ROOSEVELT AVE NE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	WHITTAKER, HELEN	
STREET ADDRESS	132 PRADO CT	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	PRESIDENT PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Keith FINLAYSON		
1.3 STREET ADDRESS	1130 LAKESHORE DR.		
1.4 CITY-ST-ZIP	LORIDA FL 33857		
2.1 TITLE	VICE PRESIDENT VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	JULES ARONSON		
2.3 STREET ADDRESS	1236 SHAMROCK DR		
2.4 CITY-ST-ZIP	SEBRING, FL 33872		
3.1 TITLE	TREASURER TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	MARJORIE ALLWOOD		
3.3 STREET ADDRESS	6504 HANCOCK Rd		
3.4 CITY-ST-ZIP	SEBRING FL 33872		
4.1 TITLE	RECORDING SEC. SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	SUE CLARK		
4.3 STREET ADDRESS	210 QUAIL RUN		
4.4 CITY-ST-ZIP	VENUS FL 33960		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	500001884275	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	-07/03/96--01108--034		
6.3 STREET ADDRESS	***61.25		
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **MARJORIE ALLWOOD** 941-385-5398
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
6-10-96

CR2E037 (3/96)