## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT # 706619 (4) THE HUMANE SOCIETY OF HIGHLANDS COUNTY, FLORIDA. INC. Principal Place of Business Mailing Address 7910 AIRPORT RD. BOX 732 3. Date Incorporated or Qualified **BOX 732** 12/30/1963 SEBRING FL 33870 SERRING FL 33874 4. FEI Number Applied For 59-1104159 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #. etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? No. 23 28 Yes Country 8. This corporation owes or has paid the current year Intangible 70 25 Acable 29 9. Name and Address of Current Registered Agent Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent MEDER, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) **7910 AIRPORT RD. BOX 732** 83 **BOX 732** SEBRING FL 33870 84 City Zip Code 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 jamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Teasurer SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE Change Addition 1.1 TITLE MEDER, JOHN NAME 1.2 NAME 7910 AIRPORT RD, BOX 732 STREET ADDRESS 1.3 STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP 1.4 CITY-ST-ZIP **VPD** DELETE TITLE 2.1 TITLE Change ☐ Addition CHAFE, BLANCHE NAME 2.2 NAME 2484 N. ORANGEWOOD ST STREET ADDRESS 2.3 STREET ADDRESS **AVON PARK FL 33825** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ■ Addition FRAM, GRETCHEN NAME 32 NAME P.O. BOX 732, N/A STREET ADDRESS 3.3 STREET ADDRESS SEBRING FL 33871 CITY-ST-ZIP 3.4. CITY-ST-ZIP Sh TITLE DELETE Addition 4.1 TITLE Change HEATH, CHERYL NAME 4 2 NAME 1726 NW LAKEVIEW STREET ADDRESS 4.3 STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 13 if shapped or on an effect hereby ment with an address of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. indicated on this annual report or supplied indicated on this annual report or supplied indicated on this annual report or supplied indicated on the corporation or the receiver or trustee empowers. Block 12 or Block 13 if changed, or on an attachment with an address 14-655

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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2-125-98 1542

FILED

Feb 23 1998 8:00am

Secretary of State