


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90049 027 ****70.00

DOCUMENT # 706619			
1. Entity Name THE HUMANE SOCIETY OF HIGHLANDS COUNTY, FLORIDA, INC.			
Principal Place of Business 7910 AIRPORT ROAD SEBRING, FL 33876 US		Mailing Address 7910 AIRPORT ROAD SEBRING, FL 33876 US	
2. Principal Place of Business 7321 Haywood Taylor Blvd Suite, Apt. #, etc.		3. Mailing Address 7321 Haywood Taylor Blvd Suite, Apt. #, etc.	
City & State Sebring FL		City & State Sebring FL	
Zip 33876	Country US	Zip 33876	Country US
6. Name and Address of Current Registered Agent WOLKOVE, BERNICE 10234 ORANGE BLOSSOM BLVD S SEBRING, FL 33875		7. Name and Address of New Registered Agent Name MARVENE MCPHEE Street Address (P.O. Box Number is Not Acceptable) 14 CAREFREE COURT City VENUS FL Zip Code 33960	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Marvene McPhee</i>		DATE <i>1/17/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCPHEE, MARVENE 14 CAREFREE CT VENUS, FL 33960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLKOVE, BERNICE 10234 ORANGE BLOSSOM S SEBRING, FL 33875 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VICKI PORTER 5215 Roberts Road AVON PARK FL 33825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, LISA 54 RUSSELL COURT VENUS, FL 33960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATER, VICKY 5215 E ROBERTS RD AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President JERRY STEPHENS 1042 CAREFREE PARKWAY SEBRING, FL 33872 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12: 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Marvene McPhee</i>		DATE <i>1/17/05</i> 863/465-0156	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

00004724



01162005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1104159 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required