


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 706619	
1. Entity Name THE HUMANE SOCIETY OF HIGHLANDS COUNTY, FLORIDA, INC.	

Principal Place of Business 7321 HAYWOOD TAYLOR BLVD SEBRING, FL 33876 US	Mailing Address 7321 HAYWOOD TAYLOR BLVD SEBRING, FL 33876 US
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03062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1104159	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent MCPHEE, MARVENE 14 CAREFREE COURT VENUS, FL 33960

DO NOT WRITE IN THIS SPACE

9. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U00000469763
03/27/06-80014-003 70.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCPHEE, MARVENE 14 CAREFREE CT VENUS, FL 33960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, LISA 54 RUSSELL COURT VENUS, FL 33960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTER, VICKI 5215 ROBERTS ROAD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS, JERRY 1042 CAREFREE PARKWAY SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marvane McPhee, President 3/6/2006 863-465-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #