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APPROVED AND FILED
95 APR 18 PM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Monahan
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 706800 (0)
 1. Corporation Name
HUMANE SOCIETY OF MARION COUNTY, INC.

Principal Place of Business Mailing Address

**10999 S.W. 105TH ST
 BOX 1542
 OCALA FL 32676-7629**

**10999 S.W. 105TH ST
 BOX 1542
 OCALA FL 32676-7629**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/06/1964** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-6196017** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**TOWLES, PHYLLIS
 2140 NE 40 STR
 OCALA FL 34479**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE **VD**

NAME **HENNESSEY, TISH**

STREET ADDRESS **P. O. BOX 723 10257 SE Hwy 464C**

CITY-ST-ZIP **OCLAWAHA FL**

TITLE **SD**

NAME **WINTER, ANITA**

STREET ADDRESS **28 NEEDLES DR.**

CITY-ST-ZIP **OCALA FL**

TITLE **PD**

NAME **TOWLES, PHYLLIS**

STREET ADDRESS **2140 NE 40 STR**

CITY-ST-ZIP **OCALA FL**

TITLE **DT**

NAME **VANLANGENDONCK, BARBARA 8180 N**

STREET ADDRESS **6847 SE 180 AVE RD**

CITY-ST-ZIP **MORRISTON FL**

TITLE **TD**

NAME **MURRAY, ANN**

STREET ADDRESS **14260 SE 80 AVE**

CITY-ST-ZIP **SUMMERFIELD FL**

TITLE **DS**

NAME **CLUSTER, BETTY**

STREET ADDRESS **2240 NE 40 STR**

CITY-ST-ZIP **OCALA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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)(4), 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: Ann Murray **Ann Murray Treas. 3-15-95** (Date) **904-245-8633** (Typed Name & Number)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR