

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Jan 29 1996 8:00 am  
Secretary of State

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



Principal Place of Business Mailing Address  
10699 S.W. 105TH ST BOX 1542  
OCALA FL 32676-7629

3. Date Incorporated or Qualified **02/06/1964** 3a. Date of Last Report **04/18/1995**  
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**  
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 **P.O. BOX 1542**  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 **OCALA**  
24 Zip 25 Country 29 Zip **FL** 30 Country **MARION**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81 Name **DOT LEAVY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6225 SW 69 CT**  
83 **P.O. Box 771211, Ocala, FL 34477**  
84 City **OCALA** 85 Zip Code **FL 34474**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) **1/26/96**

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HENNESSEY, TISH	
STREET ADDRESS	P. O. BOX 723	
CITY-ST-ZIP	OCKLAWAHA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WINTER, ANITA	
STREET ADDRESS	28 NEEDLES DR.	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TOWLES, PHYLLIS	
STREET ADDRESS	2140 NE 40 STR	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	VANLANGENDONCK, BARBARA 9180 N	
STREET ADDRESS	6847 SE 180 AVE RD	
CITY-ST-ZIP	MORRISTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, ANN	
STREET ADDRESS	14260 SE 80 AVE	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
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	<b>D. SECY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SONJA JUARBE</b>	
1.3 STREET ADDRESS	<b>SECRETARY</b>	
1.4 CITY-ST-ZIP	<b>40 ALMOND DR</b>	
2.1 TITLE	<b>D. PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DOT LEAVY</b>	
2.3 STREET ADDRESS	<b>6225 SW 69 CT</b>	
2.4 CITY-ST-ZIP	<b>OCALA, FL 34477</b>	
3.1 TITLE	<b>D.Y.P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DORIS LINIC</b>	
3.3 STREET ADDRESS	<b>FLAMINGO FARM</b>	
3.4 CITY-ST-ZIP	<b>PO BOX 125</b>	
4.1 TITLE	<b>D. SECY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CONNIE BONBREST</b>	
4.3 STREET ADDRESS	<b>P.O. Box 25</b>	
4.4 CITY-ST-ZIP	<b>LOWELL, FL 32663</b>	
5.1 TITLE	<b>D. PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ANITA WINTER</b>	
5.3 STREET ADDRESS	<b>28 NEEDLES DRIVE</b>	
5.4 CITY-ST-ZIP	<b>OCALA, FL 34477</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *[Signature]* **DOT LEAVY** TREASURER **1/23/96** 904-237-2272  
Date Daytime Phone #

CR2E037 (12/95)