

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

P.O. BOX 1542
BOX 1542
OCALA FL 34478-1542
US

3. Date Incorporated or Qualified
02/06/1964

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-6196017

Applied For
Not Applicable

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEAVY, DOT
6225 S.W. 69TH CT.
P.O. BOX 771211
OCALA FL 34474

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	JUARBE, SONJA	
STREET ADDRESS	40 ALMOND DR.	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WINTER, ANITA	
STREET ADDRESS	28 NEEDLES DR.	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LEAVY, DOT	
STREET ADDRESS	6225 S.W. 69 CIR.	
CITY-ST-ZIP	OCALA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LINK, DORIS	
STREET ADDRESS	P.O. BOX 125	
CITY-ST-ZIP	LOWELL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BONBRST, CONNIE	
STREET ADDRESS	P.O. BOX 25	
CITY-ST-ZIP	LOWELL FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WINTER, ANITA	
STREET ADDRESS	28 NEEDLES DR	
CITY-ST-ZIP	OCALA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200002065630
5.4 CITY-ST-ZIP	-01/23/97--01010--031
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	

14. I do 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 12 or Block 13 (changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 352-237-2272

Date Daytime Phone # 0065933

CR2E037 (9/96)