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0070604

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 706800

1. Corporation Name

HUMANE SOCIETY OF MARION COUNTY, INC.

4 8 9 9 2 2 *
 489922 - 90083 - 35

Principal Place of Business

10699 S.W. 105TH ST
 BOX 1542
 OCALA FL 32676-7629

Mailing Address

P.O. BOX 1542
 BOX 1542
 OCALA FL 32676-7629
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/06/1964

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6196017

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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
 Barbara Stanton
 82 Street Address (P.O. Box Number is Not Acceptable)
 9628 SW 74 Ave
 83
 84 City
 Ocala FL 85 Zip Code
 34476

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 *Barbara Stanton*

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

(NOTE: Registered Agent signature required when reinstating)

4/22/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS DELETE
 NAME JUARBE, SONJA
 STREET ADDRESS 40 ALMOND DR.
 CITY-ST-ZIP OCALA FL 34472

1.1 TITLE DS Change Addition
 1.2 NAME Phyllis Towles
 1.3 STREET ADDRESS 2140 NE 40th STREET
 1.4 CITY-ST-ZIP OCALA FL 34479

TITLE DT DELETE
 NAME LEAVY, DOT
 STREET ADDRESS 6225 S.W. 69 CIR.
 CITY-ST-ZIP OCALA FL 34481

2.1 TITLE DT Change Addition
 2.2 NAME Barbara Stanton
 2.3 STREET ADDRESS 9628 SW 74 Ave
 2.4 CITY-ST-ZIP Ocala FL 34476

TITLE DVP DELETE
 NAME LINK, DORIS
 STREET ADDRESS P.O. BOX 125 N/A
 CITY-ST-ZIP LOWELL FL 32663

3.1 TITLE DVP Change Addition
 3.2 NAME ALICE J. CLANCY
 3.3 STREET ADDRESS 8569 F SW 92ND LANE
 3.4 CITY-ST-ZIP OCALA, FL 34481

TITLE SD DELETE
 NAME BONBRST, CONNIE
 STREET ADDRESS P.O. BOX 25 N/A
 CITY-ST-ZIP LOWELL FL 32663

4.1 TITLE Recording Secretary Change Addition
 4.2 NAME MARY TILMAN
 4.3 STREET ADDRESS 315 SW 73rd ST
 4.4 CITY-ST-ZIP OCALA FL 34476

TITLE DP DELETE
 NAME WINTER, ANITA
 STREET ADDRESS 28 NEEDLES DR
 CITY-ST-ZIP OCALA FL 34482

5.1 TITLE PRESIDENT Change Addition
 5.2 NAME William Lockhart
 5.3 STREET ADDRESS 5328 NW 18th ST.
 5.4 CITY-ST-ZIP OCALA, FL 34482

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Barbara Stanton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
 DATE
 352 854-8865
 Daytime Phone #

CR2E037 (1/98)