

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 16 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800008426768  
10/17/02--01053--023 \*\*245.00

**DOCUMENT #**  
1. Entity Name *706800*  
Humane Society of Marion County Florida

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10699 SW 105 Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 1542  
Suite, Apt. #, etc.

City & State  
Ocala, FL

City & State  
Ocala, FL

Zip  
34476-7629

Country  
USA

Zip  
34478-1542

Country  
USA

4. FEI Number 59-6196017

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Susan Miller

Street Address (P.O. Box Number is Not Acceptable)  
716 SE Wenona Ave

City Ocala FL Zip Code 34471

8. 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.

10-11-2002

SIGNATURE \_\_\_\_\_ DATE

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

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Teri Carey 1629 NE 3 St. Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP Phyllis Davis 1140 NE 20 Ave. Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Susan Miller 716 SE Wenona Ave. Ocala, FL 34471	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/Recording S Eileen Ferguson 1110 NE 42 Ave. Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/Assistant T Rus Adams 2135 SE 12 St. Ocala, FL 34471-4136	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/Corresponding S Caroline Y. Proctor 3414 NE Jacksonville Rd. Ocala, FL 34479	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Teri Carey* 10/11-20C (352)843-2066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

*g 10/16/02*