


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90387 005 ****61.25

DOCUMENT # 706800
 1. Entity Name
HUMANE SOCIETY OF MARION COUNTY, INC.



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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent
**MILLER, SUSAN
 716 SE WENONA AVE
 OCALA, FL 34471**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3-29-04**

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

Filing Fee is \$61.25 Due by May 1, 2004

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

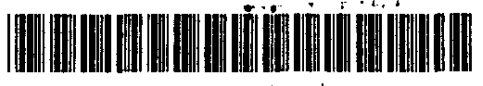
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAREY, TERI 1629 NE 3 STREET OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YVONNE JOHNSON 3934 NE 21ST LANE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, PHYLLIS 1140 NE 20 AVE OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BARBARA STANTON 9628 SW 74th AVENUE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLER, SUSAN 716 SE WENONA AVE OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSEANN HORTON PO BOX 581 SILVER SPRINGS, FL 34489
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR FERGUSON, EILEEN 1110 NE 42 AVE OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT ADAMS, RUS 2135 SE 12 ST OCALA, FL 344714136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS PROCTOR, CAROLINS 3414 NE JACKSONVILLE RD OCALA, FL 34479 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **03/29/04** (352) 236-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



01092004 Chg-NP CR2E037 (10/03)

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

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