


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90186 016 \*\*\*\*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

40079111



2. Principal Place of Business  
 701 NW 14th Rd  
 Suite, Apt. #, etc.

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

03202006 Chg-NP CR2E037 (11/05)

City & State  
 Ocala FL 34475

City & State  
 Ocala FL

Zip  
 34478

Country

4. FEI Number  
 59-6196017

Applied For  
 Not Applicable

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

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: Barbara Stanton  
 Street Address (P.O. Box Number is Not Acceptable): 9028 SW 74 Ave  
 City: Ocala FL Zip Code: 34476

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: Barbara Stanton Barbara Stanton 5/1/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

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	VPD JOHNSON, YVONNE 3934 NE 21ST LANE OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLUSTER, EDWARD 1245 SE 12 CT OCALA, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STANTON, BARBARA 9628 SW 74TH AVENUE OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORMAN, LINDA 2868 SE 31st ST OCALA, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORTON, ROSEANN P.O. BOX 581 SILVER SPRINGS, FL 34489 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Johnson, Lois 1956 SE WESTBROOK CT OCALA, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, RUS 2135 SE 12 ST OCALA, FL 344714136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINSON, SAMUEL 1203 SE 17 Ave OCALA, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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 exemptions contained in Chapter 119, 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: [Signature] Par. 4/27/06 352-873-7387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #