


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 706800 1. Entity Name HUMANE SOCIETY OF MARION COUNTY, INC.		
Principal Place of Business 701 NW 14TH RD OCALA FL 34475	Mailing Address POB 1542 OCALA FL 34478 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	



1st MOORE CR2E037 (10/06)

4. FEI Number 59-6196017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STUNTON, BARBARA 9628 SW 74 AVE OCALA FL 34476	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLUSTER, EDWARD 1245 SE 12 CT OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100000624163 02/14/07-80019-021 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORMAN, LINDA 2868 SE 31 ST OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, LOIS 1956 SE WESTBROOK CT OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINSON, SAMIUEL 1208 SE 17 AVE PORT REPUBLIC VA 24471	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
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 Section 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: _____