


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90017 035 ****61.25

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 <u>BRUCE FISHALOW</u> Street Address (P.O. Box Number is Not Acceptable) <u>3391 E. SILVER SPRINGS BLVD, SUITE G</u> City <u>OCALA</u> FL Zip Code <u>34470</u>	
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 <u>[Signature]</u> DATE <u>01/21/08</u> <small>Signature typed or printed name of registered agent on this page only. (NOTE: Registered Agent signature and address are not required.)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			
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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol Crosby - Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3149 SE 30th Terr. OCALA FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORMAN, LINDA 2868 SE 31 ST OCALA FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carson Faris - Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2425 SW 3rd Ave #149 OCALA FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VICE PRESIDENT JOHNSON, LOIS 1956 SE WESTBROOK CT OCALA FL 34471 <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	TD HINSON, SAMUEL 1208 SE 17 AVE PORT REPUBLIC VA 24471 <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	<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: [Signature]