

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 25, 2008
Secretary of State**

DOCUMENT# 706800

Entity Name: HUMANE SOCIETY OF MARION COUNTY, INC.**Current Principal Place of Business:**701 NW 14TH RD
OCALA, FL 34475**New Principal Place of Business:****Current Mailing Address:**POB 1542
OCALA, FL 34478 US**New Mailing Address:**

FEI Number: 59-6196017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FISHALDIN, BRUCE
3391 E SILVER SPRINGS BLVD STE G
OCALA, FL 34470 US**Name and Address of New Registered Agent:**FARIS, CARSON
701 NW 14TH ROAD
OCALA, FL 34475 US

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.

SIGNATURE: CARSON FARIS

03/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: CLUSTER, EDWARD
Address: 1245 SE 12 CT
City-St-Zip: Ocala, FL 34471Title: SD () Delete
Name: JOHNSON, LOIS
Address: 1956 SE WESTBROOK CT
City-St-Zip: Ocala, FL 34471Title: T () Delete
Name: CROSBY, CAROL
Address: 3149 SE 30TH TERR
City-St-Zip: Ocala, FL 34471Title: S () Delete
Name: FARIS, CARSON
Address: 2425 SW 3RD AVE 149
City-St-Zip: Ocala, FL 34474**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: FARIS, CARSON
Address: 2425 SW 3RD AVE #149
City-St-Zip: Ocala, FL 34471Title: VPD (X) Change () Addition
Name: JOHNSON, LOIS
Address: 1956 SE WESTBROOK CT
City-St-Zip: Ocala, FL 34471Title: TD (X) Change () Addition
Name: POOL, CORY
Address: 2652 SW 20TH CIRCLE
City-St-Zip: Ocala, FL 34471Title: SD (X) Change () Addition
Name: GALVAN, DAVID
Address: P.O. BOX 787
City-St-Zip: ORANGE LAKE, FL 32681

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARSON FARIS

PD

03/25/2008

Electronic Signature of Signing Officer or Director

Date