

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706800

FILED  
Mar 05, 2009  
Secretary of State

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:**

FARIS, CARSON  
701 NW 14TH ROAD  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

POOL, CORY B PRESIDE  
2652 SW 20TH CIRCLE  
OCALA, FL 34471 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: CORY POOL

03/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARIS, CARSON  
Address: 2425 SW 3RD AVE #149  
City-St-Zip: Ocala, FL 34471

Title: VPD ( ) Delete  
Name: JOHNSON, LOIS  
Address: 1956 SE WESTBROOK CT  
City-St-Zip: Ocala, FL 34471

Title: TD ( ) Delete  
Name: POOL, CORY  
Address: 2652 SW 20TH CIRCLE  
City-St-Zip: Ocala, FL 34471

Title: SD ( ) Delete  
Name: GALVAN, DAVID  
Address: P.O. BOX 787  
City-St-Zip: ORANGE LAKE, FL 32681

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: POOL, CORY B PRESIDE  
Address: 2652 SW 20TH CIRCLE  
City-St-Zip: Ocala, FL 34471

Title: VPD (X) Change ( ) Addition  
Name: KERNS, SCOTT R VICE PR  
Address: 1430 SW 43RD PLACE  
City-St-Zip: Ocala, FL 34471

Title: TD (X) Change ( ) Addition  
Name: PONDER, JAMES A TREASUR  
Address: 1134 SE 14TH ST  
City-St-Zip: Ocala, FL 34471

Title: SD (X) Change ( ) Addition  
Name: WILSON, ROBERT D SECRETA  
Address: 1616 SE 13TH STREET  
City-St-Zip: Ocala, FL 32671

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: MARY WRYE

FD

03/05/2009

Electronic Signature of Signing Officer or Director

Date