

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2011  
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:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: VPD  
Name: WILSON, ROBERT D VICE PR  
Address: PO BOX 908  
City-St-Zip: Ocala, FL 34478

Title: TD  
Name: CROSBY, BEN TREASUR  
Address: 3165 NW 79TH AVE RD  
City-St-Zip: Ocala, FL 34482

Title: SD  
Name: ROSEANN, MORTON SECRETA  
Address: PO BOX 581  
City-St-Zip: SILVER SPRINGS, FL 34488

I hereby 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 all other like empowered.

SIGNATURE: CORY POOL

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date