

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706800

FILED  
Jan 10, 2012  
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:**

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

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

WILSON, ROBERT D PRESIDE  
1616 SE 13TH ST  
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: ROBERT D WILSON

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILSON, ROBERT D PRESIDE  
Address: POB 908  
City-St-Zip: OCALA, FL 34478

Title: VPD  
Name: MORTON, ROSEANN VICE PR  
Address: POB 581  
City-St-Zip: SILVER SPRINGS, FL 34488

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

Title: SD  
Name: NORMAN, LINDA SECRETA  
Address: 2868 SE 31ST ST  
City-St-Zip: OCALA, FL 34471

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: ROBERT D WILSON

PRES

01/10/2012

Electronic Signature of Signing Officer or Director

Date