

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1/15

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-15-2003 90249 006 ****61.25

DOCUMENT # 706800



1. Entity Name
HUMANE SOCIETY OF MARION COUNTY, INC.

Principal Place of Business
10699 S.W. 105TH ST
BOX 1542
OCALA FL 32676-7629

Mailing Address
P.O. BOX 1542
BOX 1542
OCALA FL 32676-7629
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **59-6196017** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MILLER, SUSAN
716 SE WENONA AVE
OCALA FL 34471

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **1-13-03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAREY, TERI 1629 NE 3 STREET OCALA FL 34470	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, PHYLLIS 1140 NE 20 AVE OCALA FL 34470	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLER, SUSAN 716 SE WENONA AVE OCALA FL 34471	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR FERGUSON, EILEEN 1110 NE 42 AVE OCALA FL 34470	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT ADAMS, RUS 2135 SE 12 ST OCALA FL 34471-4136	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS PROCTOR, CAROLINS 3414 NE JACKSONVILLE RD OCALA FL 34479	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED** *[Signature]* Date **2/10/03** Daytime Phone #

Rus Adams, Assistant Treasurer

CR2E037 (10/02)