

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707212 (7)**  
1. Corporation Name  
**HUMANE SOCIETY OF NORTH PINELLAS, INC.**

Principal Place of Business <b>3040 STATE ROAD 590 CLEARWATER FL 34619</b>	Mailing Address <b>3040 STATE ROAD 590 CLEARWATER FL 34619</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/28/1964</b>	3a. Date of Last Report <b>07/06/1994</b>
4. FEI Number <b>59-0781650</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CHABOUDY, RICHARD 68 NICHOLAS DR. DUNEDIN FL 33528</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renouncing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD GELLER, JACK 3431 LAKESHORE LANE CLEARWATER FL 34621</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SD SIDWELL, JANE 1838 PIPERSMEADOW DRIVE PALM HARBOR FL 34683</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D STUART, ROBERT <del>3630 CHATHAM DR.</del> <del>PALM HARBOR FL</del></b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D-5 PATTERSON, LESLIE 711 FAIRWOOD LANE CLEARWATER FL 34619</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>TD JENSEN, MRS JANET 1277 McMULLEN BOOTH RD CLEARWATER FL 34619</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D RODRIGUEZ, ROBERT J 1700 McMULLEN BOOTH RD. C-5 CLEARWATER FL 34619</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D <del>ISMAN, DOROTHY</del> <del>2233 WHITE OAK CIRCLE</del> <del>CLEARWATER FL</del></b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D SPAS, SHIRLEY 616 WATERFORD CIRCLE TARPON SPRINGS FL 34689</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Janet R. Jensen* **5/29/95 813-726-8028**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JANET R. JENSEN**