

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26 1997 8:00 am
Secretary of State

DOCUMENT # 707212 (7)

1. Corporation Name
HUMANE SOCIETY OF NORTH PINELLAS, INC.



Principal Place of Business Mailing Address
3040 STATE ROAD 590 CLEARWATER FL 34619 **3040 STATE ROAD 590 CLEARWATER FL 34619-2500**

3. Date Incorporated or Qualified **04/28/1964** 3a. Date of Last Report **04/18/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-0781650	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Zip	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHABOUDY, RICHARD
68 NICHOLAS DR.
DUNEDIN FL 33528

81 Name **WACK GELLER**
82 Street Address (P.O. Box Number is Not Acceptable) **2560 GULF TO BAY BLVD.**
83 **CLEARWATER**
84 City **FL** 85 Zip Code **34625**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Jack J. Weller, President** DATE **3-21-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELLER, JACK	1.2 NAME	CAROLINE GOODRICH
STREET ADDRESS	3431 LAKESHORE LANE	1.3 STREET ADDRESS	1119 HOUNDS RUN
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZNER, SHIRLEY	2.2 NAME	BILL MAZUREK
STREET ADDRESS	3060 HAMPTON COURT	2.3 STREET ADDRESS	2747 RESNIK CIRCLE, W.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON, LESLIE	3.2 NAME	LIM WARREN
STREET ADDRESS	711 FAIRWOOD LANE	3.3 STREET ADDRESS	1757 PASADENA DRIVE
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, MRS JANET	4.2 NAME	
STREET ADDRESS	1277 MCMULLEN BOOTH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ROBERT J	5.2 NAME	
STREET ADDRESS	1700 MCMULLEN BOOTH RD. C-5	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAS, SHIRLEY	6.2 NAME	
STREET ADDRESS	616 WATERFORD CIRCLE E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* **Jack J. Weller, Pres.** DATE **3/21/97** 813-799-4840

CR2E037 (9/96)