


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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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3. Date Incorporated or Qualified <b>04/28/1964</b>	
4. FEI Number <b>59-0781650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GELLER, JACK**  
**2560 GULF TO BAY BLVD SUITE 300**  
**CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GELLER, JACK	
STREET ADDRESS	3431 LAKESHORE LANE	711 Samantha Dr.
CITY-ST-ZIP	CLEARWATER FL	Palm Harbor, FL 34683
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITZNER, SHIRLEY	
STREET ADDRESS	3080 HAMPTON COURT	
CITY-ST-ZIP	CLEARWATER FL	34621
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PATTERSON, LESLIE	
STREET ADDRESS	711 FAIRWOOD LANE	
CITY-ST-ZIP	CLEARWATER FL	33759
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JENSEN, JANET	
STREET ADDRESS	1277 MCMULLEN BOOTH RD	
CITY-ST-ZIP	CLEARWATER FL	33759
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ROBERT J	3237 Fountain Blvd.
STREET ADDRESS	1700 MCMULLEN BOOTH RD - C-5	
CITY-ST-ZIP	CLEARWATER FL	Tampa FL 33609
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPAS, SHIRLEY	
STREET ADDRESS	616 WATERFORD CIRCLE E.	
CITY-ST-ZIP	TARPOON SPRINGS FL	34689

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Caroline Goodrich	
1.3 STREET ADDRESS	1119 Hounds Run	
1.4 CITY-ST-ZIP	Safety Harbor, FL	34695
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bill mazurek	
2.3 STREET ADDRESS	2747 Resnik Circle W	
2.4 CITY-ST-ZIP	Palm Harbor, FL	34683
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dr. Diane Perry	
3.3 STREET ADDRESS	427 Broadway	
3.4 CITY-ST-ZIP	Dunedin, FL	34698
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jim Warren	
4.3 STREET ADDRESS	1757 Pasadena Dr.	
4.4 CITY-ST-ZIP	Dunedin FL	34698
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, on an attachment with an address.

SIGNATURE: Leslie A. Patterson **RECEIVED** 1-18-98 813-222-2092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052988

CR2E037 (10/97)