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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707212
 1. Corporation Name
HUMANE SOCIETY OF NORTH PINELLAS, INC.

Principal Place of Business 3040 STATE ROAD 590 CLEARWATER FL 34619	Mailing Address 3040 STATE ROAD 590 CLEARWATER FL 34619
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/28/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0781650
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent GELLER, JACK 2560 GULF TO BAY BLVD 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE	NAME GELLER, JACK	1.1 TITLE VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME Warren, Jim
STREET ADDRESS 711 SAMANTHA DR	CITY-ST-ZIP PALM HARBOR FL 34683	1.3 STREET ADDRESS 1757 Pasadena Drive	1.4 CITY-ST-ZIP Dunedin FL 34698
TITLE D <input type="checkbox"/> DELETE	NAME FITZNER, SHIRLEY	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME Goodrich, Caroline
STREET ADDRESS 3080 HAMPTON COURT	CITY-ST-ZIP CLEARWATER FL 34621	2.3 STREET ADDRESS 1119 Hounds Run	2.4 CITY-ST-ZIP Safety Harbor, FL 34695
TITLE DS VP Admin <input type="checkbox"/> DELETE	NAME PATTERSON, LESLIE	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME Mazurek, Bill
STREET ADDRESS 711 FAIRWOOD LANE	CITY-ST-ZIP CLEARWATER FL 33759	3.3 STREET ADDRESS 2747 Resnik Circle W	3.4 CITY-ST-ZIP Palm Harbor FL 34683
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME JENSEN, JANET	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS 1277 MCMULLEN BOOTH RD	CITY-ST-ZIP CLEARWATER FL 33759	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D <input checked="" type="checkbox"/> DELETE	NAME RODRIGUEZ, ROBERT J	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS 3237 FOUNTAIN BLVD.	CITY-ST-ZIP TAMPA FL 33609	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME SPAS, SHIRLEY	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS 616 WATERFORD CIRCLE E.	CITY-ST-ZIP TARPON SPRINGS FL 34689	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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie A. Patterson **REQUIRED** 3-26-99 813-222-2092
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Leslie A. Patterson

CR2E037 (11/98)