NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 707212

1. Corporation Name

HUMANE SOCIETY OF NORTH PINELLAS, INC.

Country

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Principal	Place	or Busin
3040 STA1	TE RO	AD 590
CLEADWA"	TED C	24610

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Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

3040 STATE ROAD 590 CLEARWATER FL 34619

2a. Mailing Address

City & State

Zip

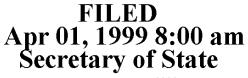
Suite, Apt. #, etc.

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

04/28/1964

59-0781650

4. FEI Number

Name and Address of Current Registered Agent				10.	Name an	d Addres	s of New I	Registere	l Agent				
			81	Nai	lame		-						
GELLER, JACK		82	Street Address (P.O. Box Number is Not Acceptable)										
2560 GULF TO BAY BLVD													
CLEARWATER FL 34625		83	'										
	. •		84	Cit	itv						85	Zip C	ode
			[_	L _		_				F			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Age	nt signal	nature requi			SICHANG	ES TO OF	DATE FICERS A	ND DIB	ECTO	29 IN 12
12.	OFFICERS AND DIRECTORS	DELETE					ADDITION:	3/CHANG	23 10 01	FICERS A		nange	Addition
TITLÉ	PD	[] Derese	1.1 TITLE			P D					니이	iango	Augus
NAME (GELLER, JACK						en, J						ì
STREET ADDRESS	711 SAMANTHA DR		1.3 STREE	TADÓRI					Driv	e			
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-S	T-ZIP	<u> D</u> 1	uned	<u>lin F</u>	L 34	1698				
TITLE	D .	DELETE	. 2.1 TITLE		Þ						□cı	ange	Addition
NAME	FITZNER, SHIRLEY		2.2 NAME		G	oodr	ich,	Card	oline				
STREET ADDRESS	3080 HAMPTON COURT		2.3 STREE	TADDR	RESS 11 :	119	Hound	ds Ru	ın				ì
CITY-ST-ZIP	CLEARWATER FL 34621		2.4 CITY-	ST-ZIP	s Sa	afet	y Ha	rbor	<u>FL</u>	<u>34695</u>	<u> </u>		
TITLE	DS VP Admin	DELETE:	3.1/TITLE -	- e -	- j D	ب شہ	. د میساد ک	و خشو مسرود			🗆 CI	ange	Addition
NAME	PATTERSON, LESLIE		3.2 NAME		Ma	azur	ek,	Bill					,
STREET ADDRESS	711 FAIRWOOD LANE		3.3 STREE	TADDRI			-		ircle	W			
CITY-ST-ZIP	CLEARWATER FL 33759		3.4, CITY-5						346]
TITLE	TD	DELETE	4.1 TITLE			_					□ci	range	Addition
NAME ,	JENSEN, JANET		4. 2 NAME		İ			-					
STREET ADDRESS	1277 MCMULLEN BOOTH RD		4.3 STREE	TADDR	ORESS								}
CITY-ST-ZIP	CLEARWATER FL 33759		4.4 CITY-S	T-ZIP	.					,			
TITLE	D	DELETE	5.1 TITLE						,			nange	Addition
NAME	RODRIGUEZ, ROBERT J		5.2 NAME		{								ļ
	3237 FOUNTAIN BLVD.		5.3 STREE	TADĐRI	RESS								}
CITY-ST-ZIP	TAMPA FL 33609		5.4 CITY-S	T-ZIP	,)
TITLE	D	DELETE	6.1 TITLE								Па	ange	Addition
NAME	SPAS, SHIRLEY		6.2 NAME									-	_
	616 WATERFORD CIRCLE E.		6.3 STREE	TADDRI	RESS								
			6.4 CITY-S		1								
	TARPON SPRINGS FL 34689 ertify that the information supplied with this filing does	not qualify for the	Ц			Section	119,07(3)	(i). Florids	Statutes	I further co	ertify the	t the in	formation
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.													

Country

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SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable