

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2004
Secretary of State**

DOCUMENT# 707212

Entity Name: HUMANE SOCIETY OF PINELLAS, INC.

Current Principal Place of Business:

2560 GULF TO BAY BLVD., SUITE 300
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2560 GULF TO BAY BLVD., SUITE 300
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-0781650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLER, JACK
2560 GULF TO BAY BLVD
SUITE 300
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GELLER, JACK,
Address: 711 SAMANTHA DR
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: FITZNER, SHIRLEY
Address: 3080 HAMPTON COURT
City-St-Zip: CLEARWATER, FL 34621

Title: SD () Delete
Name: PATTERSON, LESLIE
Address: 711 FAIRWOOD LANE
City-St-Zip: CLEARWATER, FL 33759

Title: VD () Delete
Name: WARREN, JIM
Address: 1757 PASADENA DR
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: GOODRICH, CAROLINE
Address: 1119 HOUNDS RUN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD () Delete
Name: SPAS, SHIRLEY
Address: 616 WATERFORD CIRCLE E.
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK GELLER

PD

02/05/2004

Electronic Signature of Signing Officer or Director

Date