


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90025 012 \*\*\*\*70.00

**DOCUMENT # 707212**

1. Entity Name  
**HUMANE SOCIETY OF PINELLAS, INC.**




Principal Place of Business  
**2560 GULF TO BAY BLVD., SUITE 300  
CLEARWATER, FL 33765**

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

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



02202007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0781650**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELLER, JACK 711 SAMANTHA DR PALM HARBOR, FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAZUREK, BILL 2747 RESNIK CIR W PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, LESLIE 2179 BRAMBLE WOOD DR S CLEARWATER, FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARREN, JIM 3158 CARLOS DR DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODRICH, CAROLINE 12907 CASTLE MAINE DR TAMPA, FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SUSAN 7901 S. RACETRACK RD. TAMPA, FL 33635	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Geller 1800 N Ft. Harrison Ave unit 402 Clearwater, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Glenn Shane 301 Crosswinds Dr. Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Leslie Patterson 2179 Bramblewood Dr. Clearwater, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rebekah Arsenault 1005 S. Bayshore Blvd. Safety Harbor, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Caroline Goodrich 12907 Castlemaine Dr. Tampa, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Susan Martin 7901 S. Racetrack Rd Tampa, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Barbara Snow **3-26-07** **727 7917722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40044589

# 707212

Michael Bollenback CPA		1000 Pinellas Street Clearwater, FL 33756
Stephen Bunch CPA		250 N Belcher Rd Suite 100 Clearwater, FL 33765
Thomas Carlisle DVM		873 Harbor Hill Drive Safety Harbor, FL 34695
Holly Duncan		2724 Burning Tree Lane Clearwater, FL 33761
Amy Lovett		42 Windward Island Clearwater, FL 33767
Katherine Murphy DVM		2651 Sunset Point Rd Clearwater, FL 33759
Steve Sika		1005 Victoria Drive Dunedin, FL 34698
Debbie White		502 Georgetown Place Safety Harbor, FL 34695
Don Woodman DVM		701 Enterprise Rd E Safety Harbor, FL 34695
Barbara Snow x224	Executive Director	3873 Darston St. Palm Harbor, FL 34685