

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90055 014 ****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

40041413



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

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

03052008 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip
 Country

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: _____
Signatures, typed or printed name of member/agent and title if applicable. (NOTE: Registrars Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|---------------------------------|--|--|---|---|--|--|
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GELLER, JACK | | | NAME | | | |
| STREET ADDRESS | 1860 N FT HARRISON AVE UNIT 402 | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | CLEARWATER, FL 33755 | | | CITY- ST- ZIP | | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHANE, GLENN | | | NAME | | | |
| STREET ADDRESS | 301 CROSSWINDS DR | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | PALM HARBOR, FL 34683 | | | CITY- ST- ZIP | | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PATTERSON, LESLIE | | | NAME | | | |
| STREET ADDRESS | 2179 BRAMBLE WOOD DR S | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | CLEARWATER, FL 33763 | | | CITY- ST- ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ARSENAULT, REBEKAH | | | NAME | | | |
| STREET ADDRESS | 1005 S BAYSHORE BLVD | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | SAFETY HARBOR, FL 34695 | | | CITY- ST- ZIP | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GOODRICH, CAROLINE | | | NAME | | | |
| STREET ADDRESS | 12907 CASTLE MAINE DR | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | TAMPA, FL 33626 | | | CITY- ST- ZIP | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARTIN, SUSAN | | | NAME | | | |
| STREET ADDRESS | 7901 S. RACETRACK RD. | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | TAMPA, FL 33635 | | | CITY- ST- ZIP | | | |

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 Executive Director Date: 3-7-08 Digitized File # 1277977722