## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 707212** 

Entity Name: HUMANE SOCIETY OF PINELLAS, INC.

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2560 GULF TO BAY BLVD., SUITE 300 3040 STATE ROAD 590 CLEARWATER, FL 33765 CLEARWATER, FL 33759

**Current Mailing Address: New Mailing Address:** 

2560 GULF TO BAY BLVD., SUITE 300 3040 STATE ROAD 590 CLEARWATER, FL 33765 CLEARWATER, FL 33759

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

## **OFFICERS AND DIRECTORS:**

() Delete

GELLER, JACK BUNCH, STEPHEN Name: Name:

1860 N FT HARRISON AVE UNIT 402 Address: 250 NORTH BELCHER ROAD, SUITE 100 Address:

City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33765

Title: VD () Delete Title: (X) Change ( ) Addition

PATTERSON, LESLIE Name: PATTERSON, LESLIE Name: Address: 2179 BRAMBLE WOOD DR S Address: 2179 BRAMBLEWOOD DR S City-St-Zip: CLEARWATER, FL 33763 City-St-Zip: CLEARWATER, FL 33763

Title: () Delete Title: T/D (X) Change ( ) Addition

GOODRICH, CAROLINE GORDON, BRENT Name: Name: 12907 CASTLE MAINE DR Address: Address: 980 TYRONE BLVD.

City-St-Zip: TAMPA, FL 33626 City-St-Zip: ST. PETERSBURG, FL 33710

Title: SD ( ) Delete Title: (X) Change ( ) Addition

MARTIN, SUSAN Name: Name: GELLER, JACK

Address: 7901 S. RACETRACK RD. Address: 2560 GULF TO BAY BLVD. City-St-Zip: TAMPA, FL 33635 City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LESLIE A. PATTERSON D/S 04/28/2009