

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709921 (1)

1. Corporation Name

HUMANE SOCIETY OF HERNANDO COUNTY, INC.



Principal Place of Business

Mailing Address

WISCON AND MOBLEY RD.
P.O. BOX 480
BROOKSVILLE FL 34605

WISCON AND MOBLEY RD.
P.O. BOX 480
BROOKSVILLE FL 34605-0480

3. Date Incorporated or Qualified
11/15/1965

3a. Date of Last Report
03/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1094757

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEECHIK, STELLA
1441 HENRY CT
SPRING HILL FL 34609**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME **PD
LENZ, BONNIE**
STREET ADDRESS **2618 HIDDEN PINES DR**
CITY-ST-ZIP **SPRING HILL FL 34606**

1.2 NAME **Treasurer
Doreen L Wood**
1.3 STREET ADDRESS **816 Village Dr.**
1.4 CITY-ST-ZIP **Brooksville, FL 34601**

TITLE DELETE

2.1 TITLE Change Addition

NAME **VD
HAY, BETTY**
STREET ADDRESS **4510 DREXEL RD**
CITY-ST-ZIP **LAND O LAKES FL 34639**

2.2 NAME **Secretary
Betty Thoroman**
2.3 STREET ADDRESS **14136 Kingmont St**
2.4 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE DELETE

3.1 TITLE Change Addition

NAME **TD
CIAMPAGLIA, RITA**
STREET ADDRESS **7426 BLACK HAWK**
CITY-ST-ZIP **SPRING HILL FL 34606**

3.2 NAME **Board member at large**
3.3 STREET ADDRESS **Ciampaglia, Rita**
3.4 CITY-ST-ZIP **7426 Black Hawk
Spring Hill, FL 34606**

TITLE DELETE

4.1 TITLE Change Addition

NAME **SD
ASHLEY, NANCY**
STREET ADDRESS **9084 GALLUP CIR**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE DELETE

5.1 TITLE Change Addition

NAME **D
SILVANI, RICK**
STREET ADDRESS **24419 LANARK RD**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.

SIGNATURE: *Doreen L Wood*

Date **1/29/97** Daytime Phone # **352-796-2711**

CR2E037 (9/96)