

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709921 (1)**  
1. Corporation Name  
**HUMANE SOCIETY OF HERNANDO COUNTY, INC.**



Principal Place of Business <b>WISCON AND MOBLEY RD. P.O. BOX 480 BROOKSVILLE FL 34805</b>	Mailing Address <b>WISCON AND MOBLEY RD. P.O. BOX 480 BROOKSVILLE FL 34805</b>
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3. Date Incorporated or Qualified <b>11/15/1965</b>	
4. FEI Number <b>59-1094757</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**SEECHIK, STELLA  
1441 HENRY CT  
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent  
**61 Name VIRGINIA DENTON  
62 Street Address (P.O. Box Number is Not Acceptable) 14484 Brookridge Blvd.  
63  
64 City Spring Brooksville FL 65 Zip Code 34613**

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 *Virginia Denton*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LENZ, BONNIE 2618 HIDDEN PINES DR SPRING HILL FL 34808</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HAY, BETTY 4510 DREXEL RD LAND O LAKES FL 34639</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM CIAMPAGLIA, RITA 7426 BLACK HAWK SPRING HILL FL 34806</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WOOD, DOREEN L 616 VILLAGE DR. BROOKSVILLE FL 34801</b> <input type="checkbox"/> DELETE <i>11123 Gifford Dr Spring Hill FL 34608</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S THOROMAN, BETTY 14138 KINGMONT ST SPRING HILL FL 34809</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D Virginia Denton Pres. 14484 Brookridge Blvd Brooksville, FL. 34613</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Vice Pres Elizabeth Thoroman 14138 Kingmont St. Spring Hill, FL 34609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D Secy. Jeanne Maynard 14351 Evermore St Brooksville, FL 34613</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D Treas Sandra Doreen L Wood 11123 Gifford Drive Spring Hill FL 34608</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D Board Member at Lge Mary Ann Pott 4307 Portsmouth St. Spring Hill FL 34609</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D Board Member at Lsc Abby Evert 10425 Tilburg St. Spring Hill FL 34608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1107(3)(f), 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: *Virginia Denton* 1/21/98 352596-1216

CP2E037 (10/97)