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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90169 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709921

1. Corporation Name

HUMANE SOCIETY OF HERNANDO COUNTY, INC.

Principal Place of Business

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

Mailing Address

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

150060 90169 47



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/15/1965	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-1094757	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

DENTON, VIRGINIA
 14484 BROOKRIDGE BLVD
 BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81	Name	Jeanne F. Maynard, VP	
82	Street Address (P.O. Box Number is Not Acceptable)	14357 Evermore St	
83	City	Brooksville	FL
84	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: Jeanne F. Maynard

2-4-99

(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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTON, VIRGINIA	1.2 NAME	Elizabeth Thoroman
STREET ADDRESS	14484 BROOKRIDGE BLVD	1.3 STREET ADDRESS	14138 Kingmont St.
CITY-ST-ZIP	BROOKSVILLE FL 34613	1.4 CITY-ST-ZIP	Spring Hill, FL. 34609
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOROMAN, ELIZABETH	2.2 NAME	Maynard, Jeanne
STREET ADDRESS	14138 KINGMONT ST	2.3 STREET ADDRESS	14357 Evermore St.
CITY-ST-ZIP	SPRING HILL FL 34609	2.4 CITY-ST-ZIP	Brooksville, FL. 34613
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD, JEANNE	3.2 NAME	Mary Ann Flint
STREET ADDRESS	14357 OVERMORE ST	3.3 STREET ADDRESS	11307 Portsmouth St.
CITY-ST-ZIP	BROOKSVILLE FL 34613	3.4 CITY-ST-ZIP	Spring Hill FL. 34609
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, DOREEN L	4.2 NAME	Wood, Doreen L.
STREET ADDRESS	1123 GIFFORD DR	4.3 STREET ADDRESS	11123 Gifford Dr.
CITY-ST-ZIP	SPRING HILL FL 34608	4.4 CITY-ST-ZIP	Spring Hill FL. 34608
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOROMAN, BETTY	5.2 NAME	Edythe Cook
STREET ADDRESS	14138 KINGMONT ST	5.3 STREET ADDRESS	24110 Tamber Rd.
CITY-ST-ZIP	SPRING HILL FL 34609	5.4 CITY-ST-ZIP	Brooksville, FL. 34602
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINT, MARY ANN	6.2 NAME	Erica Fairfax
STREET ADDRESS	11307 PORTSMOWTH ST	6.3 STREET ADDRESS	19951 Abbotsford Ct.
CITY-ST-ZIP	SPRING HILL FL 34609	6.4 CITY-ST-ZIP	Spring Hill, FL. 34610

14. I 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, with all other like empowered.

SIGNATURE: Wood Treasurer 1/30/99 352 684-0889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

The Humane Society of Hernando County



P.O. Box 480 ◆ Wiscon at Mobley ◆ Brooksville, FL 34605-0460
Phone 352-796-2711--Shelter

150060-90169-47
709921

D
Rita Ciampaglia
7426 Blackhawk Tr.
Spring Hill, FL. 34606

Addition

D Jeannette Kagan
5383 Ashland Dr.
Spring Hill, FL. 34606

Addition

D Leanne Walsh
21148 marguerite Rd.
Brooksville, FL. 34601

Addition
