

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **714747** (3)  
1. Corporation Name  
**LEE COUNTY HUMANE SOCIETY**

Principal Place of Business: **2010 ARCADIA ST FORT MYERS FL 33916 US**  
Mailing Address: **PO BOX 50430 FORT MYERS FL 33905 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1968**  
3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **59-0806978**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**PATON, ALBERT S  
2010 ARCADIA ST  
FT. MYERS FL 33916**

10. Name and Address of New Registered Agent  
01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City: **FL** Zip Code: **33916**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Albert S. Paton* EXECUTIVE DIR. DATE: **26 APR 95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **PD**  
1.2 NAME: **EASTWOOD, ROLAND**  
1.3 STREET ADDRESS: **1334 VESPER DR**  
1.4 CITY - ST - ZIP: **FT MYERS FL**

2.1 TITLE: **PD**  Change  Addition  
2.2 NAME: **SMITH, CHESTER**  
2.3 STREET ADDRESS: **PO BOX 866 Na**  
2.4 CITY - ST - ZIP: **SANIBEL, FL 33957**

2.1 TITLE: **DVP**  
2.2 NAME: **MOGAVERO, WAYNE**  
2.3 STREET ADDRESS: **16344 KELLY WOODS RD**  
2.4 CITY - ST - ZIP: **FT MYERS FL**

3.1 TITLE: **DVP**  Change  Addition  
3.2 NAME: **BAYARD BIDWELL**  
3.3 STREET ADDRESS: **7844 EAGLE'S FLIGHT LN**  
3.4 CITY - ST - ZIP: **FT. MYERS, FL 33912**

3.1 TITLE: **VD**  
3.2 NAME: **STUCKY, RUTH**  
3.3 STREET ADDRESS: **5689 EICHEN CIR**  
3.4 CITY - ST - ZIP: **FT MYERS FL**

4.1 TITLE: **VD**  Change  Addition  
4.2 NAME: **H. EDWARD FAULKNER**  
4.3 STREET ADDRESS: **4849 SHERRY LN**  
4.4 CITY - ST - ZIP: **FT. MYERS, FL 33908**

4.1 TITLE: **TD**  
4.2 NAME: **BAEZ, MARTHA**  
4.3 STREET ADDRESS: **2414 CRYSTAL DR**  
4.4 CITY - ST - ZIP: **FT. MYERS FL**

5.1 TITLE: **200001483312**  Change  Addition  
5.2 NAME: **-05/12/95--01022--016**  
5.3 STREET ADDRESS: **\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
5.4 CITY - ST - ZIP:

5.1 TITLE: **ED**  
5.2 NAME: **PATON, ALBERT S**  
5.3 STREET ADDRESS: **5809 BEECHWOOD TRAIL**  
5.4 CITY - ST - ZIP: **FT MYERS FL**

6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY - ST - ZIP:

6.1 TITLE: **SD**  
6.2 NAME: **GRATTAN, JAMES**  
6.3 STREET ADDRESS: **1536 CORDOVA AVE**  
6.4 CITY - ST - ZIP: **FT MYERS FL**

7.1 TITLE: **SD**  Change  Addition  
7.2 NAME: **LAWRENCE MURPHY, DVM**  
7.3 STREET ADDRESS: **2919 5th ST. WEST**  
7.4 CITY - ST - ZIP: **LEHIGH ACRES, FL 33971**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the attachment with an address.

SIGNATURE: *Albert S. Paton* DATE: **26 APR 95** TELEPHONE: **813-332-0367**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ALBERT S. PATON**

Lee County **Humane Society, Inc.**

(18)

MAILING ADDRESS:  
P.O. BOX 50430  
FORT MYERS, FL 33905-0430

SHELTER ADDRESS:  
2010 ARCADIA STREET  
FORT MYERS, FL  
Phone: (813) 332-0364  
FAX: (813) 337-7465

A non profit society dedicated to animal welfare



*A pet is a lifelong commitment*

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**DIRECTORS CONTINUED:**

DIRECTOR  
ROBERT GALE, RPH  
15441 BRIAR RIDGE CIR.  
FT. MYERS, FL 33912

DIRECTOR  
DOUGLAS PIPER, DVM  
14381 PALM BEACH BLVD.  
FT. MYERS, FL 33905

DIRECTOR  
DON DeBERRY  
17790 CYPRESS CREEK RD.  
ALVA, FL 33920

*The HUMANE SOCIETY Is Your Charity.  
Your donations and bequests are vital to our work in the community  
and deductible for income tax purposes.*