

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714747

FILED  
Feb 01, 2005  
Secretary of State

Entity Name: HUMANE SOCIETY OF LEE COUNTY, INC.

**Current Principal Place of Business:**

2010 ARCADIA ST  
FORT MYERS, FL 33916 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 50430  
FORT MYERS, FL 33994 US

**New Mailing Address:**

FEI Number: 59-0806978      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

JONES, TRACY A  
2010 ARCADIA ST  
FORT MYERS, FL 33916 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: JONES, LAURA DR.  
Address: 552 KEENAN AVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D2VP ( ) Delete  
Name: ANKENBRANDT, JOHN DR.  
Address: 15120 ANCHORAGE WAY  
City-St-Zip: FORT MYERS, FL 33912

Title: DS ( ) Delete  
Name: RIZZIO, LISA  
Address: 15770 WINDWARD WAY #2105  
City-St-Zip: FORT MYERS, FL 33908

Title: DT ( ) Delete  
Name: ANTIFAEFF, LISA  
Address: 8661 WESLEYAN DR APT8-04  
City-St-Zip: FORT MYERS, FL 33919

Title: P ( ) Delete  
Name: VAUGHN, GINA  
Address: 3717 SE 8TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: JONES, TRACY A  
Address: 1830 MARAVILLA AVE #503  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MEOLA, JEAN  
Address: 5666 EICHEN CIRCLE E.  
City-St-Zip: FORT MYERS, FL 33919

Title: DT (X) Change ( ) Addition  
Name: MOSTELLER, KAREN  
Address: 17801 EAGLE VIEW LANE  
City-St-Zip: CAPE CORAL, FL 33909

Title: P (X) Change ( ) Addition  
Name: VAUGHN, GINA  
Address: 3402 SE 11TH PL  
City-St-Zip: CAPE CORAL, FL 33902

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRACY A JONES

D

02/01/2005

Electronic Signature of Signing Officer or Director

Date