2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 718956

Entity Name: WEST VOLUSIA HUMANE SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 2321
DELAND, FL 32721

New Principal Place of Business:

800 HUMANE SOCIETY RD
DELAND, FL 32720

Current Mailing Address:

P.O. BOX 2321
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-6046075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITMARSH, AMY
432 W. NEW YORK AVE. SUITE A
DELAND, FL 32720 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: PD ( ) Delete
Name: GONZALEZ, VIOLET
Address: 432 W. NEW YORK AVE
City-St-Zip: DELTONA, FL 32725

Title: TD ( ) Delete
Name: WHITMARSH, AMY
Address: 432 W. NEW YORK AVE
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GONZALEZ, VIOLET
Address: 800 HUMANE SOCIETY RD
City-St-Zip: DELAND, FL 32720

Title: TD (X) Change ( ) Addition
Name: HAWK, PAT
Address: 800 HUMANE SOCIETY RD
City-St-Zip: DELAND, FL 32720

Title: SD ( ) Change (X) Addition
Name: GIALLOMBARDO, CINDY
Address: 800 HUMANE SOCIETY RD
City-St-Zip: DELAND, FL 32720

Title: D ( ) Change (X) Addition
Name: LINDEN, MARI
Address: 800 HUMANE SOCITY RD
City-St-Zip: DELAND, FL 32720

Title: D ( ) Change (X) Addition
Name: THOMAS, GLORIA
Address: 800 HUMANE SOCIETY RD
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VIOLET GONZALEZ PD 01/05/2009

Electronic Signature of Signing Officer or Director — Date