

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723329 (9)

1. Corporation Name

HUMANE SOCIETY OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

555 SAGE ROAD  
WINTER HAVEN FL 33881555 SAGE ROAD  
WINTER HAVEN FL 33881-82703. Date Incorporated or Qualified  
05/03/19723a. Date of Last Report  
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number  
59-1644124Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNOR, J. HAL  
146 AVE "B", NW  
WINTER HAVEN FL 33880

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	BOUCHER, PUTT	
STREET ADDRESS	313 HICKORY HAMMOCK RD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REEVES, GERRY	
STREET ADDRESS	100 TERRACE DR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATSON, WAYNE	
STREET ADDRESS	1358 AVE S NW	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGUIRE, BONNIE	
STREET ADDRESS	2416 AVE C SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFE, ANN	
STREET ADDRESS	555 - 6TH ST., NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEWITT, DENNIS	
STREET ADDRESS	222 - 24TH CT., SW	
CITY-ST-ZIP	WINTER HAVEN FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REEVES, GERRY	
1.3 STREET ADDRESS	100 TERRACE DR SE	
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MATSON, WAYNE	
2.3 STREET ADDRESS	1358 AVE S NW	
2.4 CITY-ST-ZIP	WINTER HAVEN FL 33880	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLEWINGER, DOREY	
3.3 STREET ADDRESS	5804 YATES RD	
3.4 CITY-ST-ZIP	LAKE LAND FL 33803	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALLREDGE, SHIRLEY	
4.3 STREET ADDRESS	3925 AVE T NW	
4.4 CITY-ST-ZIP	WINTER, HAVEN, FL 33881	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE MATSON

1/14/97

941-324-5227

Date

Daytime Phone # 0064704

CP2E037 (9/96)