

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # 723329

1. Corporation Name

HUMANE SOCIETY OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

555 SAGE ROAD
WINTER HAVEN, FL 33881

555 SAGE ROAD
WINTER HAVEN, FL 33881

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/03/72

4. FEI Number

59-1644124

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME REEVES, GERRY
STREET ADDRESS 100 TERRACE DR SE
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE ☐ DELETE

NAME HARRISON, DONALD
STREET ADDRESS P.O. BOX 2800 N/A
CITY-ST-ZIP WINTER HAVEN, FL 33883

TITLE ☐ DELETE

NAME MATSON, WAYNE
STREET ADDRESS 1358 AVE S NW
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ DELETE

NAME HEWITT, DANIEL
STREET ADDRESS 222 24TH CT., SW
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ DELETE

NAME ALLEDGE, SHIRLEY
STREET ADDRESS 3524 MAJESTY LOOP
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ DELETE

NAME SAKS, JANE
STREET ADDRESS 1900 CAPS ROAD
CITY-ST-ZIP LAKE WALES, FL 33853

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

500002579775
-07/06/98--01006--010
***61.25

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.

SIGNATURE: Wayne Matson

6/3/98

941-324-5227

CR2E037 (10/97)