


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90040 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723329			
1. Corporation Name HUMANE SOCIETY OF POLK COUNTY, INC.			
Principal Place of Business 555 SAGE ROAD WINTER HAVEN FL 33881		Mailing Address 555 SAGE ROAD WINTER HAVEN FL 33881	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/03/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1644124	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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 type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REEVES, GERRY			1.2 NAME			
STREET ADDRESS	100 TERRACE DR. S.E.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33884			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARRISON, DONALD			2.2 NAME			
STREET ADDRESS	PO BOX 2800 ((N/A))			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33883			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MATSON, WAYNE			3.2 NAME			
STREET ADDRESS	1358 AVE S NW			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEWITT, DENNIS			4.2 NAME			
STREET ADDRESS	222 24TH CT SW			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ALLREDGE, SHIRLEY			5.2 NAME			
STREET ADDRESS	3534 MAJESTIC LOOP			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAKS, JANE			6.2 NAME			
STREET ADDRESS	1900 CAPS ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 33853			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Bethie B. Hosow* DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99 (941) 293-5341

Date

Daytime Phone #

CR2E037 (11/98)