

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723329

FILED
Jun 29, 2005
Secretary of State

Entity Name: HUMANE SOCIETY OF POLK COUNTY, INC.

Current Principal Place of Business:

555 SAGE ROAD
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

555 SAGE ROAD
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-1644124 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOLDEN, M. LANCE
99 SIXTH ST., S.W.
WINTER HAVEN, FL 33880 US

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: P () Delete
Name: REEVES, GERRY
Address: 100 TERRACE DR. S.E.
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: VARGAS, MITSIE
Address: 615 OVERLOOK DR. SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: HEWITT, DENNIS,
Address: 222 24TH CT SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: SAKS, JANE
Address: 1900 CAPS ROAD
City-St-Zip: LAKE WALES, FL 33853

Title: V () Delete
Name: HOOSIER, BETTIE G
Address: 1519 OAKVIEW CIR. SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BETTIE G HOOSIER

V.P.

06/29/2005

Electronic Signature of Signing Officer or Director

Date