

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723329

FILED
Feb 15, 2008
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 ()

Name and Address of Current Registered Agent:

HOLDEN, M. LANCE
99 SIXTH ST., S.W.
WINTER HAVEN, FL 33880 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: P () Delete
Name: REEVES, GERRY
Address: 100 TERRACE DR. S.E.
City-St-Zip: WINTER HAVEN, FL 33884

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

Title: S () Delete
Name: ELAINE BUTTERFIELD,
Address: 319 GRANADA ROAD
City-St-Zip: AUBURNDALE, FL 33823

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

Title: V () Delete
Name: SUZANNE, MORACO
Address: 229 NORTH LAKE HARTRIDGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

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 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: BETTIE G HOOSIER

TREA

02/15/2008

Electronic Signature of Signing Officer or Director

Date