2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723329

FILED Jun 24, 2009 Secretary of State

Entity Name: HUMANE SOCIETY OF POLK COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 555 SAGE ROAD WINTER HAVEN, FL 33881 **Current Mailing Address: New Mailing Address:** 555 SAGE ROAD P O BOX 9265 WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33883 US 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 BAKER, LISA 99 SIXTH ST., S.W. 555 SAGE ROAD WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33881 US 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: LISA BAKER 06/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition REEVES, GERRY Name: Name: 100 TERRACE DR. S.E. Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: () Delete Title: (X) Change () Addition HOOSIER, BETTIE G Name: CLEAVES, TERRY Name: Address: 1519 OAKVIEW CIRCLE SE Address: 306 HAMILTON SHORES City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33881 Title: () Delete Title: (X) Change () Addition ELAINE BUTTERFIELD BUTTERFIELD, ELAINE Name: Name: 319 GRANADA ROAD Address: Address: 319 GRANADA ROAD City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823 () Delete Title: Title: () Change () Addition Name: SAKS, JANE Name: 1900 CAPS ROAD Address: Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: () Delete Title: (X) Change () Addition SUZANNE, MORACO MORACO, SUZIE Name: Name: 229 NORTH LAKE HARTRIDGE DRIVE 229 NORTH LAKE HARTRIDGE DRIVE Address: Address: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881 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: LISA BAKER ED 06/24/2009