

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 21 AM 9:46

DOCUMENT # 723807 (4)

1. Corporation Name

**HUMANE SOCIETY OF GREATER MIAMI AND DADE COUNTY
SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS**

Principal Place of Business

Mailing Address

2101 N.W. 95 STREET
MIAMI FL 33147

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MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1972

3a. Date of Last Report

02/08/1994

4. FEI Number

59-0711176

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLORD, RICHARD I III
2101 NW 95TH ST
MIAMI FL 33147**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **KAHN, PATRICIA**
STREET ADDRESS **2675 S BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **Betty Amos**
1.3 STREET ADDRESS **3444-48 MAIN Hwy.**
1.4 CITY-ST-ZIP **COCONUT GROVE, FL. 33133**

TITLE **D**
NAME **KNOWLES, MRS. JACK**
STREET ADDRESS **1400 WEST 28TH STREET**
CITY-ST-ZIP **MIAMI BCH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ED**
NAME **COLLORD, RICHARD I**
STREET ADDRESS **745 SW 159 TERR**
CITY-ST-ZIP **SUNRISE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **V**
NAME **TENZER, DR. NEAL**
STREET ADDRESS **2645 NE MIAMI GARDENS DR**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

4.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
4.2 NAME **VERNON GREEN**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **S**
NAME **BOSCH, MIRIAM**
STREET ADDRESS **2801 PONCE DE LEON BLVD #300**
CITY-ST-ZIP **CORAL GABLES FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **T**
NAME **HUTTOE, CHARLES**
STREET ADDRESS **8850 SW 112TH PL**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE **TREASURER** ☒ Change ☐ Addition
6.2 NAME **STANLEY GOODMAN**
6.3 STREET ADDRESS **909 EAST 8TH AVE.**
6.4 CITY-ST-ZIP **MIAMI FL. 33101**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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:

Jeff Amos President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-17-95

DATE

305-442-4284

TELEPHONE NUMBER

Internal Revenue Service
District Director

Date: MARCH 30, 1994

HUMANE SOCIETY OF GREATER MIAMI INC AND
DADE COUNTY SOCIETY FOR PCOA
2101 NW 95TH ST
MIAMI, FL 33147

Department of the Treasury
EO Group 7404
Suite 1109, 520-D
401 West Peachtree St., NW
Atlanta, GA 30365

EIN:
59-0711176
Date of Inquiry:
3-22-94
Refer Reply To: Ms Lee Neese

Dear Taxpayer:

This is in response to your request for confirmation of your exemption from Federal income tax.

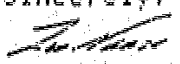
You were recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter of SEPTEMBER 1988. You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Thank you for your cooperation.

Sincerely,


Exempt Organizations Coordinator

PA100 ltr