


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723807					
1. Corporation Name HUMANE SOCIETY OF GREATER MIAMI AND DADE COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS					
Principal Place of Business 2101 N.W. 95 STREET MIAMI FL 33147			Mailing Address 2101 N.W. 95 STREET MIAMI FL 33147		



2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 07/05/1972	
22		27		4. FEI Number 59-0711176	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CREWS, M W 2101 NW 95TH STREET MIAMI FL 33147				10. Name and Address of New Registered Agent 81 Name JOHN F. LISK 82 Street Address (P.O. Box Number is Not Acceptable) 2101 NW 95th St. 83 84 City Miami FL 85 Zip Code 33147			
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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 of 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 _____ DATE **1-11-99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AMOS, BETTY			1.2 NAME	Debra Morris		
STREET ADDRESS	3444-48 MAIN HWY			1.3 STREET ADDRESS	8860 SW 102 Terr.		
CITY-ST-ZIP	COCONUT GROVE FL			1.4 CITY-ST-ZIP	Miami, FL 33126		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALKER, WILLIAM			2.2 NAME	Charles Porter		
STREET ADDRESS	14250 SW 105TH TERRACE			2.3 STREET ADDRESS	100 SE 2nd Ave, 15th Floor		
CITY-ST-ZIP	MIAMI FL 33186			2.4 CITY-ST-ZIP	Miami, FL 33131		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCKEE, BARBARA			3.2 NAME	Mary Ann Hanson		
STREET ADDRESS	721 BUTTONWOOD LN			3.3 STREET ADDRESS	15325 SW 74th Ct		
CITY-ST-ZIP	BAYPOINT MIAMI FL			3.4 CITY-ST-ZIP	Miami, FL 33157		
TITLE	CED	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CREWS, M W			4.2 NAME	Ann Lisk		
STREET ADDRESS	6385 SW 110TH STREET			4.3 STREET ADDRESS	5801 Red Rd.		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	Coral Gables, FL 33143		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GASSMAN, PHILIP			5.2 NAME	Vernon Green		
STREET ADDRESS	6400 SW 147 TR			5.3 STREET ADDRESS	P.O. Box 6600656 - NA		
CITY-ST-ZIP	MIAMI FL 33158			5.4 CITY-ST-ZIP	Miami Springs, FL 33266		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOODMAN, STANLEY			6.2 NAME	John F. Lisk		
STREET ADDRESS	909 EAST 8TH AVE			6.3 STREET ADDRESS	3675 JUSTISON RD.		
CITY-ST-ZIP	HALEAH FL			6.4 CITY-ST-ZIP	Coral Gables, FL 33133-6151		

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: _____ DATE **1-11-99** DAYTIME PHONE # **(305) 696-0800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)