


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90075 029 ****70.00

DOCUMENT # 723896		
1. Entity Name HUMANE SOCIETY OF TAMPA BAY, INC.		

Principal Place of Business 3607 N. ARMENIA AVE. TAMPA, FL 33607 US	Mailing Address 3607 N. ARMENIA AVE. TAMPA, FL 33607 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03132007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0799907	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'BRIEN, HOLLY 2413 BAYSHORE BLVD #1701 TAMPA, FL 33629		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CATHY 17408 GUNN HWY ODESSA, FL 335561909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBRIEN, HOLLY 2413 BAYSHORE BLVD #1701 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIRST, AUDREY S 5930 TAYWOOD DR TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLFSON, SCOTT 4506 TRASK ST TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHER, KELLY M P.O. BOX 1511 SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, CURTIS 705 PENNYROYAL PL BRANDON, FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY O'BRIEN *Holly O'Brien* **3/14/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40038146
#723896

HUMANE SOCIETY OF TAMPA BAY BOARD OF DIRECTORS 1/31/07

Vice-President

Nancy McCall
4605 W Ballast Point
Tampa FL 33611
813-835-1860

Secretary:

Nancy Leeds Gribble
425 Manns Harbor Drive
Apollo Beach, FL 33572
813-645-9097

Mary Birrell
16811 Blenheim Dr
Lutz FL 33549
813-948-7920

Susan Forns
5504 W Executive Dr
Tampa FL 33609-1002
813-886-5023

Shelley Harper, DVM
1111 W Swann Ave
Tampa FL 33606
813-758-5090

Linda Reitz
3422 E Lake Dr
Land O Lakes FL 34639-4641
813-451-1889

Joanne Rice
15409 Otto Rd
Tampa FL 33624
813-960-4960

Joanne Spurlino
7214 N Mobley Rd
Odessa FL 33556
813-926-9311