FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727339 (4)

1. Corporation Name

THE HUMANE SOCIETY OF SEMINOLE COUNTY, INC.

Principal Place of Business	Mailing Address
2800 COUNTY HOME RD. PO BOX 784 SANFORD FL 32772	2800 COUNTY HOME RD. PO BOX 784 SANFORD FL 32772

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21	2a. Mailing Address	26 P.O. Box 784
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27 —
City & State	23	City & State	28 SANFORD, FL.
Zip / Country	24 / 25	Zip / Country	29 32772-0784 / 30 USA

3. Date Incorporated or Qualified: 08/08/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7366957 ☐ Applied For ☐ Not Applicable
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
MASON, STEVEN, G 609 E CENTRAL AVE ORLANDO FL 32801	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	WISEMAN, PATRICIA	12 NAME		
STREET ADDRESS	207 VENTURA DR	13 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32773	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	SCOTT, BRIAN	22 NAME	EIDE, ERIC	
STREET ADDRESS	3895 LK EMMA RD STE 137	23 STREET ADDRESS	111 NORTH ORANGE AVE, SUITE 1700	
CITY-ST-ZIP	LAKE MARY FL 32746	24 CITY-ST-ZIP	ORLANDO, FL. 32801	
TITLE	PD	31 TITLE	PD	☒ Change ☐ Addition
NAME	MASON, STEVEN	32 NAME	MASON, STEVEN G.	
STREET ADDRESS	604 E CENTRAL AVE	33 STREET ADDRESS	609 E. CENTRAL BLVD.	
CITY-ST-ZIP	ORLANDO FL 32801	34 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	BODEN, PAT	42 NAME		
STREET ADDRESS	492 CLUB DR	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRGS FL 32708	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 119.07(3)(k), 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: Patricia Wiseman — Patricia Wiseman 3/24/95 407-323-2285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0013183