

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90095 026 \*\*\*\*61.25

0014743

**DOCUMENT # 727339**

1. Corporation Name

**THE HUMANE SOCIETY OF SEMINOLE COUNTY, INC.**

Principal Place of Business

**2800 COUNTY HOME RD.  
PO BOX 784  
SANFORD FL 32772**

Mailing Address

**P O BOX 784  
PO BOX 784  
SANFORD F 32772-0784  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** **PO BOX 784**  
Suite, Apt. #, etc.

**27** City & State

**28** **Sanford FL**  
Zip Country

**29** **32772-0784** **30** **USA**

3. Date Incorporated or Qualified

**08/08/1973**

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

9. Name and Address of Current Registered Agent

**CASHATT, JEFF  
2800 COUNTY HOME RD  
P O BOX 784  
SANFORD FL 32772**

10. Name and Address of New Registered Agent

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE  
NAME **HORNEFFER, STEVE E**  
STREET ADDRESS **990 DOUGLAS AVE STE 102**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VD** ☒ DELETE  
NAME **EVANS, ANNIE**  
STREET ADDRESS **9751 PINEY POINT CIR/P O BOX 773**  
CITY-ST-ZIP **OVIEDO FL 32765-0773**

TITLE **PD** ☐ DELETE  
NAME **DUCKWORTH, DAVID**  
STREET ADDRESS **1701 QUEEN PALM DR**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **SD** ☒ DELETE  
NAME **SMITH, GREGORY**  
STREET ADDRESS **135 N. MAGNOLIA**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **ATD** ☒ DELETE  
NAME **NARDI, PERRY E**  
STREET ADDRESS **924 DELANEY AVE**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **MD** ☐ DELETE  
NAME **CASHATT, JEFF**  
STREET ADDRESS **534-100 CASCADE CIR**  
CITY-ST-ZIP **CASSELBERRY FL 32707-5640**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

4.1 TITLE **SD**  
4.2 NAME **Lewis Etherton**  
4.3 STREET ADDRESS **221 Tollgate Trail**  
4.4 CITY-ST-ZIP **Longwood, FL 32750**

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/99**  
Date

**(407) 323-2327**  
Daytime Phone #

CR2E037 (11/98)

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**1999**  
**DOCUMENT #727339**  
**HUMANE SOCIETY OF SEMINOLE CO**

**CONTINUATION SHEET, BLOCK 13:**

7.1 D DELETE  
7.2 Wendy Andary  
7.3 1626 Canton Lane  
7.4 Oviedo, FL 32765

8.1SD CHANGE  
8.2 Lewis Etherton  
8.3 221 Tollgate Trail  
8.4 Longwood, FL 32750

9.1 D CHANGE  
9.2 Lyn Mascheri  
9.3 2344 Falmouth Road  
9.4 Maitland, FL 32751

10.1 D  
10.2 Steven G. Mason, Esq.  
10.3 1643 Hillcrest Street  
10.4 Orlando, FL 32803

11.1 D DELETE  
11.2 Dana Jo Palmieri  
11.3 2303 Weber Street  
11.4 Orlando, FL 32803

12.1 D  
12.2 Brian Scott, DVM  
12.3 3895 Lake Emma Road, Suite 137  
12.4 Lake Mary, FL 32746

13.1 VD ADDITION  
13.2 Ron Strickland  
13.3 3059 Suwannee Court  
13.4 Apopka, FL 32712

14.1 D DELETE  
14.2 Perry Nardi, Esq.  
14.3 924 Delaney Avenue  
14.4 Orlando, FL 32806

15.1 SD DELETE  
15.2 John Sykes  
15.3 313 Sun Oaks Court  
15.4 Lake Mary, FL 32746