

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731973 (4)
1. Corporation Name
HUMANE SOCIETY OF LAKE COUNTY, INC.



Principal Place of Business: **11 N EUSTIS ST EUSTIS FL 32726**
Mailing Address: **11 N EUSTIS ST EUSTIS FL 32726**

3. Date Incorporated or Qualified: **02/24/1975**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-1602575**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
TALLY, LOU
3900 LAKE CENTER DRIVE, SUITE A4
MT DORA FL 32757

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

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, ALICE	
STREET ADDRESS	954 DORA AVENUE	
CITY-ST-ZIP	TAVARES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AARON, CHRISTINE	
STREET ADDRESS	505 S. CENTER	
CITY-ST-ZIP	EUSTIS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HIERHOLZER, MARY	
STREET ADDRESS	18801 RAVENSWOOD ROAD	
CITY-ST-ZIP	ALTOONA FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	DAVIS, DANIEL	
STREET ADDRESS	954 DORA AVENUE	
CITY-ST-ZIP	TAVARES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCOVIL, JANE	
STREET ADDRESS	22306 LIVE OAKS RANCH RD.	
CITY-ST-ZIP	UMATILLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOVE, BARBARA	
STREET ADDRESS	16400 PERU ROAD	
CITY-ST-ZIP	UMATILLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AARON, CHRISTINE	
2.3 STREET ADDRESS	505 S CENTER	
2.4 CITY-ST-ZIP	EUSTIS, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVIS, DANIEL	
4.3 STREET ADDRESS	954 DORA AVE	
4.4 CITY-ST-ZIP	TAVARES FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LOVE, BARBARA	
6.3 STREET ADDRESS	16400 PERU ROAD	
6.4 CITY-ST-ZIP	UMATILLA FL	

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: *Alice Davis* *Shirley Love* *Treasurer* **352-589-1772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)