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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
11 N EUSTIS ST EUSTIS FL 32726 11 N EUSTIS ST EUSTIS FL 32726-3407

3. Date Incorporated or Qualified 02/24/1975 3a. Date of Last Report 05/01/1998

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

4. FEI Number 59-1602675 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD DAVIS, ALICE 954 DORA AVENUE TAVARES FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD AARON, CHRISTINE 505 S. CENTER EUSTIS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S HIERHOLZER, MARY 18801 RAVENSWOOD ROAD ALTOONA FL	<input type="checkbox"/> DELETE	2.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MD DAVIS, DANIEL 954 DORA AVENUE TAVARES FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	S SCOVIL, JANE 22308 LIVE OAKS RANCH RD. UMATILLA FL	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
	VD LOVE, BARBARA 16400 PERU ROAD UMATILLA FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

PD LOVE, BARBARA
16400 PERU Rd
UMATILLA, FL 32784

S KIRKPATRICK, PEGGY
2688 E. CROOKED LAKE PLACE
EUSTIS, FL 32726

VD SCOVIL, JANE
22308 LIVE OAKS RANCH RD
UMATILLA FL 32784

14. I do 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.

SIGNATURE: Alice Davis 4/17/97 352-589-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013640

CR2E037 (9/96)