

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731973 (4)**

1. Corporation Name  
**HUMANE SOCIETY OF LAKE COUNTY, INC.**



Principal Place of Business <b>11 N EUSTIS ST EUSTIS FL 32726</b>	Mailing Address <b>11 N EUSTIS ST EUSTIS FL 32726</b>
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3. Date Incorporated or Qualified <b>02/24/1975</b>	
4. FEI Number <b>59-1602575</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 <b>FL</b> 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	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, ALICE</b>	
STREET ADDRESS	<b>954 DORA AVENUE</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOVE, BARBARA</b>	
STREET ADDRESS	<b>16400 PERU RD</b>	
CITY-ST-ZIP	<b>UMATILLA FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HIERHOLZER, MARY</b>	
STREET ADDRESS	<b>18801 RAVENSWOOD ROAD</b>	
CITY-ST-ZIP	<b>ALTOONA FL</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, DANIEL</b>	
STREET ADDRESS	<b>954 DORA AVENUE</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOVE, BARBARA</b>	
STREET ADDRESS	<b>16400 PERU ROAD</b>	
CITY-ST-ZIP	<b>UMATILLA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KIRKPATRICK, PEGGY</b>
3.3 STREET ADDRESS	<b>2638 E. CROOKED LAKE DR</b>
3.4 CITY-ST-ZIP	<b>EUSTIS, FL 32726</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VD SCOVIL, JANE</b>
5.3 STREET ADDRESS	<b>22308 Live OAK RANCH Rd</b>
5.4 CITY-ST-ZIP	<b>UMATILLA, FL 32784</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE *Alice Davis* **ALICE DAVIS** *352-352-1000*

CF2E037 (10/97)