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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90288 036 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731973

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
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 540218 - 90288 - 36



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/24/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1602575
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TALLY, LOU 3900 LAKE CENTER DRIVE, SUITE A4 MT DORA FL 32757		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ALICE	1.2 NAME	
STREET ADDRESS	954 DORA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	
TITLE	PD... <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, BARBARA	2.2 NAME	
STREET ADDRESS	16400 PERU RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, PEGGY	3.2 NAME	S MASTROGIACOMO, SHERY
STREET ADDRESS	2688 E CROOKED LAKE DR	3.3 STREET ADDRESS	P.O. Box 514
CITY-ST-ZIP	EUSTIS FL 32726	3.4 CITY-ST-ZIP	SO RRENTO, FL 32776-0514
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DANIEL	4.2 NAME	
STREET ADDRESS	954 DORA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOUIL, JANE	5.2 NAME	
STREET ADDRESS	22308 LIVE OAK RANCH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Alma Davis* SIGNATURE: *Alma Davis*, Treasurer 5/13/99 352-589-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)