


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90032 017 \*\*\*\*61.25

<b>DOCUMENT # 731973</b> 1. Entity Name <b>HUMANE SOCIETY OF LAKE COUNTY, INC.</b>	
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Principal Place of Business <b>11 N EUSTIS ST EUSTIS, FL 32726</b>	Mailing Address <b>PO BOX 1904 EUSTIS, FL 32727-1904</b>
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01072004 No Chg-NP CR2E037 (10/03)

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</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WEATHERFORD, JOHN D  
910 SOUTH BAY STREET  
EUSTIS, FL 32726-4893**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, ALICE 954 DORA AVENUE TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVE, BARBARA 16400 PERU RD UMATILLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILDRETH, ROBERT 16400 PERU ROAD UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOUIL, JANE 22308 LIVE OAK RANCH RD UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASTROGIACOMO, SHERRY P O BOX 514 SORREAN, FL 327760514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Alice Davis* **ALICE DAVIS, TREASURER** *3/30/04* *352-589-1400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #