


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90362 040 \*\*\*\*61.25

<b>DOCUMENT # 731973</b>					
1. Entity Name HUMANE SOCIETY OF LAKE COUNTY, INC.					
Principal Place of Business 11 N EUSTIS ST EUSTIS, FL 32726			Mailing Address PO BOX 1904 EUSTIS, FL 32727-1904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1602575	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEATHERFORD, JOHN D 910 SOUTH BAY STREET EUSTIS, FL 32726-4893			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, ALICE		NAME		
STREET ADDRESS	954 DORA AVENUE		STREET ADDRESS	914 VIRGINIA AVE	
CITY-ST-ZIP	TAVARES, FL		CITY-ST-ZIP	TAVARES FL 32778	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOVE, BARBARA		NAME		
STREET ADDRESS	16400 PERU RD		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HILDRETH, ROBERT		NAME	D GRIFFEY, MELANIE	
STREET ADDRESS	16400 PERU ROAD		STREET ADDRESS	36202 E. ELBORADO LAKE	
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOUIL, JANE		NAME	SCOUIL, JANE	
STREET ADDRESS	22308 LIVE OAK RANCH RD		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA, FL 32784		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASTROGIACOMO, SHERRY		NAME		
STREET ADDRESS	P O BOX 514		STREET ADDRESS		
CITY-ST-ZIP	SORREAN, FL 327760514		CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Alice Davis Treasurer</i>		Date: 4/18/05		Daytime Phone #: 352-589-7400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	