


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 731973
1. Entity Name
HUMANE SOCIETY OF LAKE COUNTY, INC.



Principal Place of Business Mailing Address
11 N EUSTIS ST **PO BOX 1904**
EUSTIS, FL 32726 **EUSTIS, FL 32727-1904**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)
4. FEI Number Applied For
59-1602575 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WEATHERFORD, JOHN D
910 SOUTH BAY STREET
EUSTIS, FL 32726-4893

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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, 2006 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DAVIS, ALICE
STREET ADDRESS	914 VIRGINIA AVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	PD
NAME	LOVE, BARBARA
STREET ADDRESS	16400 PERU RD
CITY-ST-ZIP	UMATILLA, FL
TITLE	D
NAME	GRIFFEY, MELANIE
STREET ADDRESS	36202 E ELDORADO LAKE
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	VO
NAME	SCOVIL, JANE
STREET ADDRESS	22308 LIVE OAK RANCH RD
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	S
NAME	MASTROGIACOMO, SHERRY
STREET ADDRESS	P O BOX 514
CITY-ST-ZIP	SORRENTO, FL 327760514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000505093
04/26/06-80105-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice Davis, ALICE DAVIS 4/11/06 352-589-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer