


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 731973</b> 1. Entity Name HUMANE SOCIETY OF LAKE COUNTY, INC.	
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Principal Place of Business 11 N EUSTIS ST EUSTIS, FL 32726	Mailing Address PO BOX 1904 EUSTIS, FL 32727-1904
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01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1602575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

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

U00000591252  
 01/19/07-80015-009 61.25

**DO NOT WRITE IN THIS SPACE**

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice Davis ALICE DAVIS, TREASURER 1/16/07 352-589-7430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #