


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90013 027 ****61.25

DOCUMENT # 731973							
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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1602575 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				<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 <div style="text-align: right;"> FL Zip Code </div>				
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, 2008		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 type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DAVIS, ALICE		NAME				
STREET ADDRESS	914 VIRGINIA AVE		STREET ADDRESS				
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP				
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	GRIFFEY, MELANIE		NAME	D	SONIETZ, LISA		
STREET ADDRESS	36202 E ELDORADO LAKE		STREET ADDRESS	11333 GROVE ST			
CITY-ST-ZIP	EUSTIS, FL 32736		CITY-ST-ZIP	LEESBURG FL 34789			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SCOVIL, JANE		NAME				
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 type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MASTROGIACOMO, SHERRY		NAME				
STREET ADDRESS	P O BOX 514		STREET ADDRESS				
CITY-ST-ZIP	SORRENTO, FL 327760514		CITY-ST-ZIP				
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 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: <i>Alice J Lewis</i>			ALICE DAVIS 1/24/08 352-589-7400				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				