

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731973

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: HUMANE SOCIETY OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

11 N EUSTIS ST  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1904  
EUSTIS, FL 327271904

**New Mailing Address:**

FEI Number: 59-1602575      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEATHERFORD, JOHN D  
910 SOUTH BAY STREET  
EUSTIS, FL 327264893 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DAVIS, ALICE  
Address: 914 VIRGINIA AVE  
City-St-Zip: TAVARES, FL 32778

Title: PD ( ) Delete  
Name: LOVE, BARBARA  
Address: 16400 PERU RD  
City-St-Zip: UMATILLA, FL

Title: VD ( ) Delete  
Name: SCOVIL, JANE  
Address: 22308 LIVE OAK RANCH RD  
City-St-Zip: UMATILLA, FL 32784

Title: S ( ) Delete  
Name: MASTROGIACOMO, SHERRY  
Address: P O BOX 514  
City-St-Zip: SORRENTO, FL 327760514

Title: D ( ) Delete  
Name: SONIETZ, LISA  
Address: 11333 GROVE ST  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: LOVE, BARBARA  
Address: 16400 PERU RD  
City-St-Zip: UMATILLA, FL 32784

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE DAVIS

TD

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date