

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731973

FILED
Jan 13, 2012
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 (X)**

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: PD
Name: SONIETZ, LISA
Address: 11333 GROVE ST.
City-St-Zip: LEESBURG, FL 34788

Title: D
Name: LOVE, BARBARA
Address: 16400 PERU RD
City-St-Zip: UMATILLA, FL 32784

Title: VD
Name: KLEIN, ANGIE
Address: 36719 SUNDANCE DR.
City-St-Zip: GRAND ISLAND, FL 32735

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

Title: D
Name: DOCTOR, SEYMOUR
Address: 35136 ASSEMBLY AVE
City-St-Zip: EUSTIS, FL 32736

Title: D
Name: POWELL, DEBORAH
Address: 9705-21 HICKORY HOLLOW RD.
City-St-Zip: LEESBURG, FL 34788

I hereby 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 all other like empowered.

SIGNATURE: LISA SONIETZ

PD

01/13/2012

Electronic Signature of Signing Officer or Director

_____ Date