

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90119 021 ****61.25

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DOCUMENT # 731973

1. Entity Name

HUMANE SOCIETY OF LAKE COUNTY, INC.



Principal Place of Business

**11 N EUSTIS ST
EUSTIS FL 32726**

Mailing Address

**11 N EUSTIS ST
EUSTIS FL 32726**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS FL

4. FEI Number **59-1602575**

Applied For

Not Applicable

Zip

Country

Zip

Country

32727-1904

5. Certificate of Status Desired

\$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

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	TD						
	DAVIS, ALICE	954 DORA AVENUE	TAVARES FL				
	PD						
	LOVE, BARBARA	16400 PERU RD	UMATILLA FL				
	D						
	HILDRETH, ROBERT	16400 PERU ROAD	UMATILLA FL 32784				
	VD						
	SCOUIL, JANE	22308 LIVE OAK RANCH RD	UMATILLA FL 32784				
	S						
	MASTROGIACOMO, SHERRY	P O BOX 514	SORREAN FL 32776-0514				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DAVIS ALICE DAVIDS TREASURER 3/11/03 352-589-7400

CR2E037 (10/02)