

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739487

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE HUMANE SOCIETY OF PENSACOLA, FLORIDA, INC.

Current Principal Place of Business:

5 NORTH Q ST
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

5 NORTH Q ST
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-6002691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRICE, BARBARA
1600 VIA DE LONA #E 703
PENSACOLA BEACH, FL 32561 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: D () Delete
Name: TRYON, JANET
Address: 1409 MALDONADO
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: PTD () Delete
Name: GRICE, BARBARA
Address: 1600 BIA DE LUNA
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: JULIUS, DON
Address: 6962 OTTO AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: GROW, SARA
Address: 910 CROOKED OAK DR
City-St-Zip: PENSACOLA, FL 32514

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PITTS, PATRICIA
Address: 2130 KARLBERG DR.
City-St-Zip: PENSACOLA, FL 32506

Title: VP (X) Change () Addition
Name: IRELAND, WANDA
Address: PO BOX 508
City-St-Zip: GONZALEZ, FL 32560

Title: S () Change (X) Addition
Name: MONKS, JANICE
Address: 5924 SARAH DR
City-St-Zip: PENSACOLA, FL 32503

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: BARBARA GRICE

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date