

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739487

FILED  
Jan 03, 2012  
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:**

OHLHORST, ELIZABETH  
3790 LEGENDCREEK DRIVE  
PACE, FL 32571 US

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

MCCOOL, SARA  
4242 CAPRI DRIVE  
PENSACOLA, FL 32504 US

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: SARA MCCOOL

01/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: REESE, CEIL  
Address: 1197 BRAD THOMAS DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: S  
Name: MONKS, JANICE  
Address: 5924 SARAH DRIVE  
City-St-Zip: PENSACOLA, FL 32503

Title: D  
Name: PITTS, PATRICIA  
Address: 2130 KARLBERG DR.  
City-St-Zip: PENSACOLA, FL 32506

Title: VP  
Name: BROUGHAM, SHIRLEY  
Address: 101 SHIRLEY DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: S  
Name: CHENEY, KIMBERLY  
Address: 6878 CEDAR LAKE DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: P  
Name: SAWYER, BARBARA  
Address: 5027 SKYLARK CT  
City-St-Zip: PENSACOLA, FL 32505

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: SARA MCCOOL

MD

01/03/2012

Electronic Signature of Signing Officer or Director

Date