FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745226 (1)

1. Corporation Name
THE HUMANE SOCIETY OF CITRUS COUNTY, FLORIDA, IN C.

Principal Place of Business	Mailing Address
BONNIE SHEMET 103 N.E. HWY 19 CRYSTAL RIVER FL 34428	BONNIE SHEMET 103 N.E. HWY 19 CRYSTAL RIVER FL 34428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1978
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1932704 (Applied For / Not Applicable)

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: P.O. Box 2283
Suite, Apt. #, etc.
27:
City & State
28: Inverness, Florida
Zip 29: 34451 Country 30: Citrus

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
LINDQUIST, JOAN
140 W. KELLER STREET
HERNANDO FL 34442

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Director	XX Change ☐ Addition
NAME	SHEMET, BONNIE	1.2 NAME		
STREET ADDRESS	103 N.E. HWY. 19	1.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, MARILYN	2.2 NAME		
STREET ADDRESS	7075 W. RIVERBEND RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	President	XX Change ☐ Addition
NAME	LINDQUIST, JOAN	3.2 NAME		
STREET ADDRESS	140 W. KELLER STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	HOLLAND, GAIL	4.2 NAME	ALEXANDER, MARY	
STREET ADDRESS	8191 W FERWERDA CT	4.3 STREET ADDRESS	7535 W. FAIRVIEW CT.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, VIOLET	5.2 NAME		
STREET ADDRESS	1147 CORNELL TERR	5.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34452	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Direcotr	XX Change ☐ Addition
NAME	MEYER, SUSAN	6.2 NAME	Harry Meyer	
STREET ADDRESS	938 BIRCH AVE	6.3 STREET ADDRESS	938 Birch Avenue	
CITY-ST-ZIP	INVERNESS FL 34452	6.4 CITY-ST-ZIP	Inverness, Fla. 34452	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail A. Holland Gail A Holland 3/4/95 344-6568
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

6084481