

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 16 1996 8:00 am
Secretary of State

DOCUMENT # **745226** (1)

1. Corporation Name

THE HUMANE SOCIETY OF CITRUS COUNTY, FLORIDA, INC.

Principal Place of Business

**BONNIE SHEMET
103 N.E. HWY 19
CRYSTAL RIVER FL 34428**

Mailing Address

**P O BOX 2283
103 N.E. HWY 19
INVERNESS FL 34451
US**

3. Date Incorporated or Qualified
12/12/1978

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **P.O. Box 2283**

22 City & State **27** **INVERNESS, FLA.**

23 Zip **24** **34451** **25** Country **28** **CITRUS**

4. FEI Number

59-1932704

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINDQUIST, JOAN
140 W. KELLER STREET
HERNANDO FL 34442**

81 Name **GAIL A. HOLLAND**

82 Street Address (P.O. Box Number is Not Acceptable)
5191 W. FERWERDA Ct.

83 **CRYSTAL RIVER**

84 City

FL

85 Zip Code

34428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **GAIL HOLLAND, SECRETARY**

Gail A. Holland

2/3/96

(Signature, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D SHEMET, BONNIE**
STREET ADDRESS **103 N.E. HWY. 19**
CITY - ST - ZIP **CRYSTAL RIVER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **V CALLAHAN, MARILYN**
STREET ADDRESS **7075 W. RIVERBEND RD.**
CITY - ST - ZIP **DUNNELLON FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PRESIDENT**
2.3 STREET ADDRESS **CALLAHAN, MARILYN**
2.4 CITY - ST - ZIP **7075 W. RIVERBEND, RD**
DUNNELLON, FLA 34430

TITLE ☒ DELETE
NAME **P LINDQUIST, JOAN**
STREET ADDRESS **140 W. KELLER STREET**
CITY - ST - ZIP **HERNANDO FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VICE PRESIDENT**
3.3 STREET ADDRESS **COLLETTIE, CHRISTY**
3.4 CITY - ST - ZIP **211 SOUTH LEE ST**
BEVERLY HILLS, FLA 34465

TITLE ☒ DELETE
NAME **T ALEXANDER, MARY**
STREET ADDRESS **7525 W FAIRVIEW CT**
CITY - ST - ZIP **CRYSTAL RIVER FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TREASURER**
4.3 STREET ADDRESS **PRIDE, DON**
4.4 CITY - ST - ZIP **213 SOUTH ADAMS ST**
BEVERLY HILLS, FLA 34465

TITLE ☐ DELETE
NAME **D JOHNSON, VIOLET**
STREET ADDRESS **1147 CORNELL TERR**
CITY - ST - ZIP **INVERNESS FL 34452**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D MEYER, HARRY**
STREET ADDRESS **938 BIRCH AVE**
CITY - ST - ZIP **INVERNESS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/96
Date

352-3446568
Daytime Phone #

CR2E037 (12/95)