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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34428P.O. BOX 2283
INVERNESS FL 34451-2283
US

3. Date Incorporated or Qualified

12/12/1978

3a. Date of Last Report

02/16/1996

4. FEI Number

59-1932704

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLAND, GAIL A.
8191 W. FERNERDA COURT
CRYSTAL RIVER FL 34428

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 W. FERWERDA COURT

84 City

FL

85 Zip Code

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

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	D	<input type="checkbox"/> DELETE
NAME	SHEMET, BONNIE	
STREET ADDRESS	103 N.E. HWY. 19	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CALLAHAN, MARILYN	
STREET ADDRESS	7075 W. RIVERBEND RD.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COLLERETTE, CHRISTY	
STREET ADDRESS	211 SOUTH LEE STREET	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PRIDE, DON	
STREET ADDRESS	213 SOUTH ADAMS STREET	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, VIOLET	
STREET ADDRESS	1147 CORNELL TERR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, HARRY	
STREET ADDRESS	938 BIRCH AVE	
CITY-ST-ZIP	INVERNESS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34429
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	34430
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAND, CHRISTY
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34465
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34465
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D HAND, JIM
6.3 STREET ADDRESS	211 SOUTH LEE STREET
6.4 CITY-ST-ZIP	BEVERLY HILLS FL. 34465

14. I do 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 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:

MARILYN CALLAHAN Pres. 2-13-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065389

CR2E037 (9/96)