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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745226** (1)
1. Corporation Name
THE HUMANE SOCIETY OF CITRUS COUNTY, FLORIDA, IN C.

Principal Place of Business Mailing Address
BONNIE SHEMET **P.O. BOX 2283**
103 N.E. HWY 19 **INVERNESS FL 34451**
CRYSTAL RIVER FL 34428 **US**

2. Principal Place of Business 2a. Mailing Address
21 **BONNIE GRAYES** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **103 N.E. HWY 19** 27
City & State City & State
23 **CRYSTAL RIVER, FLA.** 28
Zip Country Zip Country
24 **34428** 25 **U.S.A.** 29

3. Date Incorporated or Qualified
12/12/1978
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**
7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 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

TITLE	D	<input checked="" 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	HAND, CHRISTY	
STREET ADDRESS	211 SOUTH LEE STREET	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	T	<input checked="" 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	HAND, JIM	
STREET ADDRESS	211 SOUTH LEE ST	
CITY-ST-ZIP	BEVERLY HILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRAYES, BONNIE	
1.3 STREET ADDRESS	103 N.E. HWY 19	
1.4 CITY-ST-ZIP	CRYSTAL RIVER, FLA 34428	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEBASTIAN, BEVERLY	
4.3 STREET ADDRESS	P.O. BOX 129	
4.4 CITY-ST-ZIP	MONROVIA, FLA. 34487-0929	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	POHL, GLENN	
6.3 STREET ADDRESS	P.O. BOX 4452	
6.4 CITY-ST-ZIP	MONROVIA 3965, FLA 34447-4452	

14. I 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* REQUIRED

3-19-98

CR2E037 (10/97)