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02-06-1999 90013 035 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745226

1. Corporation Name

THE HUMANE SOCIETY OF CITRUS COUNTY, FLORIDA, IN  
C.

Principal Place of Business

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

Mailing Address

P.O. BOX 2283  
INVERNESS FL 34451  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

HOLLAND, GAIL A.  
8191 W. FERNERDA 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 ☐ DELETE

NAME D  
GRAVES, BONNIE  
STREET ADDRESS 103 N.E. HWY. 19  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ DELETE

NAME P  
CALLAHAN, MARILYN  
STREET ADDRESS 7075 W. RIVERBEND RD.  
CITY-ST-ZIP DUNNELLON FL

TITLE ☐ DELETE

NAME VP  
HAND, CHRISTY  
STREET ADDRESS 211 SOUTH LEE STREET  
CITY-ST-ZIP BEVERLY HILLS FL

TITLE ☐ DELETE

NAME T  
SEBASTIAN, BEVERLY  
STREET ADDRESS P.O. BOX 829  
CITY-ST-ZIP HOMASASSA FL 34487

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D  
POHL, GLENN  
STREET ADDRESS P.O. BOX 4452  
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

MARILYN E CALLAHAN

Date

1-15-99

Daytime Phone #

1-352-795-7547

CR2E037 (1/98)