

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90996 016 ****70.00

DOCUMENT # 745226 1. Entity 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 INVERNESS, FL 34451 US		
2. Principal Place of Business 751 Smith avenue		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Inverness FL		City & State 		4. FEI Number 59-1932704	
Zip 34451		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANN, SUSAN 674 HWY 40 W INGLIS, FL 34449			7. Name and Address of New Registered Agent Name Christy Hand Street Address (P.O. Box Number is Not Acceptable) 10561 S pleasant grove rd City Inverness FL Zip Code 34452		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Christy Hand</i></u> DATE: <u>4-20-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, BONNIE 103 N.E. HWY. 19 CRYSTAL RIVER, FL 34428	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sonja Molli 432 Robin Hood rd. Inverness, FL 34450	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, MARILYN 7075 W. RIVERBEND RD. DUNNELLON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Hand 10561 S. Pleasant Grove rd Inverness FL 34452	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAND, CHRISTY 10561 S. PLEASANT GROVE RD INVERNESS, FL 34452	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cindy Hilton 11531 S. Rural terrace Floral city FL 34436	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, VIOLET 570 ELLA AVENUE INVERNESS, FL 34450	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kim Smith 3620 S. Diamond Ave. Inverness, FL 34452	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POHL, GLENN P.O. BOX 4452 HOMOSASSA SPRINGS, FL 34447	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Kallenbach 1151 W. Lovesong Court Lecanto FL 34461	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANDLER, MICHAEL 4500 WEST MUSTANG BEVERLY HILLS, FL 34465	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Christy Hand</i></u> Christy Hand <u>4-20-04</u> <u>352-560-0075</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying-to Phone 5					