

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745226

FILED
May 01, 2005
Secretary of State

Entity Name: THE HUMANE SOCIETY OF CITRUS COUNTY, FLORIDA, INC.

Current Principal Place of Business:

751 SMITH AVE
INVERNESS, FL 34451

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2283
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-1932704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARD, CHRISTY
10561 S PLEASANT GROVE RD.
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

HAND, CHRISTY
10561 S PLEASANT GROVE RD.
INVERNESS, FL 34452 US

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.

SIGNATURE: CHRISTY HAND

05/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOLLI, SONJA
Address: 432 ROBIN HARD RD.
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: HARD, JIM
Address: 10561 S PLEASANT GROVE CT
City-St-Zip: INVERNESS, FL 34452

Title: P () Delete
Name: HAND, CHRISTY
Address: 10561 S. PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

Title: S () Delete
Name: SMITH, KIM
Address: 3620 S DIAMOND AVE
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: KALLEYBACH, PATRICIA
Address: 1151 W LOVESONG CT
City-St-Zip: LECANTO, FL 34401

Title: T () Delete
Name: CHANDLER, MICHAEL
Address: 4500 WEST MUSTANG
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAND, JIM
Address: 10561 S PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HILTON, CINDY J
Address: 11531 S. RURAL TERR
City-St-Zip: FLORAL CITY, FL 34436

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTY HAND

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date