

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90039 001 \*\*\*\*\*61.25  
01-18-2006 90039 002 \*\*\*\*\*8.75

00000111



01062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 745226</b> 1. Entity Name THE HUMANE SOCIETY OF CITRUS COUNTY, FLORIDA, INC.					
Principal Place of Business 751 SMITH AVE. INVERNESS, FL 34451			Mailing Address P.O. BOX 2283 INVERNESS, FL 34451 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1932704	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HAND, CHRISTY 10561 S PLEASANT GROVE RD. INVERNESS, FL 34452			7. Name and Address of New Registered Agent Name <u>JACOBSON, MELISSA</u> Street Address (P.O. Box Number is Not Acceptable) <u>10822 S. DARCEY Path</u> City <u>FLORAL City</u> <u>FL</u> Zip Code <u>34436</u>		
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>Melissa Jacobson</u> <u>Melissa Jacobson</u> <u>01/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLI, SONJA 432 ROBIN HARD RD. INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSON, MELISSA 10822 S. DARCEY Path FLORAL City FL 34436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAND, JIM 10561 S PLEASANT GROVE RD INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURTIS, KARRON 7132 S. Kimberly Circle FLORAL City FL 34436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAND, CHRISTY 10561 S. PLEASANT GROVE RD INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-CORRESPONDING Rupp, PATRICIA 101 W. SKYVIEW DR HERNANDO FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-RECORDING SMITH, KIM 3620 S DIAMOND AVE INVERNESS, FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDRIAN, BONNIE 10821 S. DARCEY Path FLORAL City, FL 34436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALLEYBACH, PATRICIA 1151 W LOVESONG CT LECANTO, FL 34401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, JAMES 10822 S. DARCEY Path FLORAL City FL 34436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILTON, CINDY J 11531 S. RURAL TERR FLORAL CITY, FL 34436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Melissa Jacobson</u> <u>Melissa Jacobson</u> <u>01/10/06</u> <u>352-341-0615</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					