

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745226

FILED
Jan 14, 2007
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:

751 S SMITH AVE
INVERNESS, FL 34451

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 ()**

Name and Address of Current Registered Agent:

JACOBSON, MELISSA
10822 S. DARCEY PATH
FLORAL CITY, FL 34436 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBSON, MELISSA
Address: 10822 S DARCEY PATH
City-St-Zip: FLORAL CITY, FL 34436

Title: VP () Delete
Name: CURTIS, KARRON
Address: 9132 S KIMBERLY CIR
City-St-Zip: FLORAL CITY, FL 34436

Title: S () Delete
Name: RUPP, PATRICIA
Address: 1101 W. SKYVIEW DR.
City-St-Zip: HERNANDO, FL 34442

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: ANDRIAN, BONNIE
Address: 10821 S DARCEY PATH
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JACOBSON, JAMES
Address: 10822 S DARCEY PATH
City-St-Zip: FLORAL CITY, FL 34436

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BONNIE ANDRIAN

T

01/14/2007

Electronic Signature of Signing Officer or Director

Date