

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745226

FILED  
Feb 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

751 S 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 ( )**

**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: JACOBSON, JAMES  
Address: 10822 S DARCEY PATH  
City-St-Zip: FLORAL CITY, FL 34436

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

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

I hereby certify that the information supplied with this filing does not qualify 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

02/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date