

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745226

FILED
Jan 08, 2010
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
Name: JACOBSON, MELISSA
Address: 10822 S DARCEY PATH
City-St-Zip: FLORAL CITY, FL 34436

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BONNIE ANDRIAN

T

01/08/2010

Electronic Signature of Signing Officer or Director

Date