FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:24

DOCUMENT # 753518 (0)

1. Corporation Name
HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.

Principal Place of Business	Mailing Address
SAVANNAH ROAD PO BOX 3661 FORT PIERCE FL 34948-3661	SAVANNAH ROAD PO BOX 3661 FORT PIERCE FL 34948-3661

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1980
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-0836088 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

OSTEEN, ISABELLE
511 N. INDIAN RIVER DIRVE
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MINARDI, JOSEPH A.	1.2 NAME	
STREET ADDRESS	311 ORANGE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	OSTEEN, ISABELLE	2.2 NAME	
STREET ADDRESS	511 N. INDIAN RIVER DIRCE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, PORTIA	3.2 NAME	
STREET ADDRESS	1805 MAYFLOWER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	HARRIS, KITTY	4.2 NAME	ANDERSON, MELANIE
STREET ADDRESS	3324 SUNRISE BLVD.	4.3 STREET ADDRESS	1634 S.W. GEMINI
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	PORT ST LUCIE FL 34984
TITLE	TD	5.1 TITLE	TD ☒ Change ☐ Addition
NAME	JOHNSON, MICHAEL	5.2 NAME	SERINO, KATHLEEN
STREET ADDRESS	P.O. BOX 1774 N/A	5.3 STREET ADDRESS	2810 PLACID AVE
CITY-ST-ZIP	STUARG FL	5.4 CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Isabelle Osteen — 2-15-95 — 407-464-8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000092