

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753518

**FILED**  
**Jul 06, 2004**  
**Secretary of State****Entity Name:** HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.**Current Principal Place of Business:**SAVANNAH ROAD  
PO BOX 3661  
FORT PIERCE, FL 349483661**New Principal Place of Business:****Current Mailing Address:**SAVANNAH ROAD  
PO BOX 3661  
FORT PIERCE, FL 349483661**New Mailing Address:****FEI Number:** 59-0836088**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SERINO, KATHLEEN  
2810 PLACID AVE  
FT. PIERCE, FL 34982 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:** 2VPD ( ) Delete  
**Name:** MAYER, GABRIELE  
**Address:** 2005 WINDING CREEK  
**City-St-Zip:** FORT PIERCE, FL 34982**Title:** 1VPD ( ) Delete  
**Name:** CLANCY, PRISCILLA  
**Address:** 809 SW ST THOMAS COVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34980**Title:** TD ( ) Delete  
**Name:** SERINO, KATHLEEN  
**Address:** 2810 PLACID  
**City-St-Zip:** FORT PIERCE, FL 34981**Title:** RSD ( ) Delete  
**Name:** LECLAIR, KATHY  
**Address:** 4326 WINDING PL  
**City-St-Zip:** FORT PIERCE, FL 34981**Title:** PD ( ) Delete  
**Name:** DAVIS, BOB  
**Address:** 382 S. NARAMJA AVE.  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983**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:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN SERINO

BOAR

07/06/2004

Electronic Signature of Signing Officer or Director

Date