2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#753518

FILED Jan 19, 2006 Secretary of State

Entity Name: HUMANE SOCIETY OF ST. LUCIE COUNTY, INC. **Current Principal Place of Business: New Principal Place of Business:** SAVANNAH ROAD 100 SAVANNAH ROAD FORT PIERCE, FL 34982 **New Mailing Address: Current Mailing Address:** SAVANNAH ROAD PO BOX 3661 FORT PIERCE, FL 349483661 FEI Number: 59-0836088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MILLER, ANNETTE PARRY, JOHN 2203 SÓ. INDIAN RIVER DRIVE 2015 31ST AVE VERO BEACH, FL 32960 US FORT PIERCE, FL 34950 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: JOHN PARRY 01/19/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: 1VPD () Change () Addition () Delete DUNNING, PATRICIA Name: Name: 3172 SE OVERBROOK DR Address: Address: City-St-Zip: PORT ST LUCIE,, FL 34952 City-St-Zip: Title: PD () Delete Title: () Change () Addition CLANCY, PRISCILLA Name: Name: Address: 2307 CANOE CREEK LANE Address: City-St-Zip: FORT PIERCE, FL 34981 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition MILLER, ANNETTE Name: PARRY, JOHN Name: 2015 31ST AVE 2203 SO INDIAN RIVER DR Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: FORT PIERCE, FL 34950 Title: RSD () Delete Title: () Change () Addition Name: LANDERS, PAMELA Name: Address: 3819 ST MARKS ROAD Address: City-St-Zip: FORT PIERCE, FL 34982 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: JOHN PARRY TD 01/19/2006