

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 758574 (8) 1. Corporation Name HUMANE SOCIETY OF GREATER JUPITER/TEQUESTA, INC.		

Principal Place of Business INDIANTOWN RD SEAGRAPE PLAZA UNIT 213 P.O. BOX 1843 JUPITER FL 33468-8843	Mailing Address INDIANTOWN RD SEAGRAPE PLAZA UNIT 213 P.O. BOX 1843 JUPITER FL 33468-8843
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2111273	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	

9. Name and Address of Current Registered Agent STARLING ROCA, KAY-LYNETTE 185 W. INDIANTOWN RD., STE #125 P.O. BOX 1843 JUPITER FL 33468	
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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 *[Signature]* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE 4/18/95

12. OFFICERS AND DIRECTORS	
TITLE	Pres.
NAME	CLARENCE CASHION
STREET ADDRESS	17390 N. 128TH TRAIL
CITY-ST-ZIP	JUPITER FL 33478
TITLE	P. David Barnett - Treas.
NAME	KATHLEEN BORDELEAU
STREET ADDRESS	3838 PINE HILL TRAIL
CITY-ST-ZIP	5423 N. St Rd. 44 / PALM BEACH GARDENS FL 33410
TITLE	D
NAME	FLAUM, DOLORYES
STREET ADDRESS	108 W. BONEFISH CIRCLE
CITY-ST-ZIP	JUPITER FL
TITLE	D
NAME	STARLING-ROCA, KAY-LYNET
STREET ADDRESS	367 COUNTRY CLUB DR.
CITY-ST-ZIP	TEQUESTA FL
TITLE	T
NAME	KIT LEGATO
STREET ADDRESS	9 QUAIL CIR.
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	D V.P.T.
NAME	BAUMAN, CLAIRE
STREET ADDRESS	108 W. BONEFISH CIRCLE
CITY-ST-ZIP	JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: *[Signature]* (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE 4/18/95 (Typed Name #)