

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 25 1996 8:00 am  
Secretary of State

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

3. Date Incorporated or Qualified: **05/29/1981**  
3a. Date of Last Report: **04/24/1995**  
4. FLI Number: **59-2111273**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
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  
**STARLING ROCA, KAY-LYNETTE**  
**185 W. INDIANTOWN RD., STE #125**  
**P.O. BOX 1843**  
**JUPITER FL 33468**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLARENCE CASHION</b>	
STREET ADDRESS	<b>17390 N. 128TH TRAIL</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNETT, DAVID</b>	
STREET ADDRESS	<b>5423 N. ST. RD 441</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLAUM, DOLORYES</b>	
STREET ADDRESS	<b>106 W. BONEFISH CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STARLING-ROCA, KAY-LYNET</b>	
STREET ADDRESS	<b>367 COUNTRY CLUB DR.</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KIT LEGATO</b>	
STREET ADDRESS	<b>9 QUAIL CIR.</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAUMAN, CLAIRE</b>	
STREET ADDRESS	<b>106 W. BONEFISH CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<b>Claire Bauman</b>	
1. STREET ADDRESS	<b>106 West Bonefish Circle</b>	
1. CITY-ST-ZIP	<b>Jupiter, FL 33477</b>	
2. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>Dorothy Campbell</b>	
2. STREET ADDRESS	<b>4 Tradewinds Circle</b>	
2. CITY-ST-ZIP	<b>Tequesta, FL 33469</b>	
3. TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	<b>Dolores Flaum</b>	
3. STREET ADDRESS	<b>106 West Bonefish Circle</b>	
3. CITY-ST-ZIP	<b>Jupiter, FL 33477</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	<b>Sharon Cherry</b>	
4. STREET ADDRESS	<b>3241 Monet Drive</b>	
4. CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	<b>Kit Legato</b>	
5. STREET ADDRESS	<b>9 Quail Circle</b>	
5. CITY-ST-ZIP	<b>Tequesta, FL 33469</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>Kevin Smith</b>	
6. STREET ADDRESS	<b>8135 A Bridgewater Court</b>	
6. CITY-ST-ZIP	<b>Lake Clarke Shores, FL 33406</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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 and appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **KAY-LYNETTE ROCA** 3/20/96 407-747-1598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)