

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED  
Feb 03 1997 8:00 am  
Secretary of State

DOCUMENT # **758574** (8)  
1. Corporation Name  
**HUMANE SOCIETY OF GREATER JUPITER/TEQUESTA, INC.**



Principal Place of Business	Mailing Address
INDIANTOWN RD SEAGRAPE PLAZA UNIT 213 P.O. BOX 1843 JUPITER FL 33468-8843	INDIANTOWN RD SEAGRAPE PLAZA UNIT 213 P.O. BOX 1843 JUPITER FL 33468-1843

3. Date Incorporated or Qualified <b>05/29/1981</b>	3a. Date of Last Report <b>03/25/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2111273</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BAUMENA, CLAIRE</b>
STREET ADDRESS	<b>106 W BONEFISH CIRCLE</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>S</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>P</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>T</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, KEVIN</b>
STREET ADDRESS	<b>8135 A BRIDGEWATER COURT</b>
CITY-ST-ZIP	<b>LAKE CLARKE SHARES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SHARON CHERRY</b>
1.3 STREET ADDRESS	<b>3241 Monet Dr</b>
1.4 CITY-ST-ZIP	<b>Palm Bch Gardens FL 33410</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0044200**

CR2E037 (9/96)