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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758574

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 33468-8843

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 05/29/1981
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2111273 — Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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 — FL — 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	~~VP~~ P	DELETE
NAME	CHERRY, SHARON	
STREET ADDRESS	3241 MONET DR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	T	☐ DELETE
NAME	BARNETT, DAVID	
STREET ADDRESS	5423 N. ST. RD 441	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	☒ DELETE
NAME	FLAUM, DOLORYES	
STREET ADDRESS	106 W. BONEFISH CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	☐ DELETE
NAME	STARLING-ROCA, KAY-LYNET	
STREET ADDRESS	367 COUNTRY CLUB DR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	P	☒ DELETE
NAME	KIT LEGATO	
STREET ADDRESS	9 QUAIL CIR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	T	☒ DELETE
NAME	SMITH, KEVIN	
STREET ADDRESS	8135 A BRIDGEWATER COURT	
CITY-ST-ZIP	LAKE CLARKE SHARES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	☑ Change ☐ Addition
1.2 NAME	CHERRY, SHARON	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	☐ Change ☑ Addition
2.2 NAME	LINDA DEAN	
2.3 STREET ADDRESS	152 N RIVER DRE	
2.4 CITY-ST-ZIP	JUPITER FL 33458	
3.1 TITLE	S	☐ Change ☑ Addition
3.2 NAME	BARBARA GOMEZ	
3.3 STREET ADDRESS	142 CHAPEL LN	
3.4 CITY-ST-ZIP	TEQUESTA FL 33469	
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		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE~~ REQUIRED — 2/17/99 — 561-747-1598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #