

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90387 006 ****61.25

DOCUMENT # 758574

1. Entity 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

**185 E. INDIANTOWN RD.
#211
JUPITER FL 33477**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2111273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**STARLING ROCA, KAY-LYNETTE
185 W. INDIANTOWN RD.
#205
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	OSBORN, ANDREA	
STREET ADDRESS	15438 72ND DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	P	<input type="checkbox"/> Delete
NAME	MACARI, STEVE	
STREET ADDRESS	149 FERN ST.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARLING ROCA, KAY-LYNETTE	
STREET ADDRESS	367 COUNTRY CLUB DR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEGATO, LIT	
STREET ADDRESS	9 BALDWIN COURT	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	AVELBACH, JOE	
STREET ADDRESS	P.O. BOX 33558	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	UP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREA OSBORN	
STREET ADDRESS	15438 72ND DR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSIE NEWHOUSE	
STREET ADDRESS	115 VICTORIAN LAKE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA ERBACHER	
STREET ADDRESS	1501 DECELA RD.	
CITY-ST-ZIP	N.W. Palm Bch, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

361-747-5311