

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758574

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** HUMANE SOCIETY OF GREATER JUPITER/TEQUESTA, INC.

**Current Principal Place of Business:**

185 E INDIANTOWN ROAD  
# 211  
JUPITER, FL 33477

**New Principal Place of Business:**

661 MAPLEWOOD DRIVE  
# 21  
JUPITER, FL 33458

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 1843  
JUPITER, FL 33468 18

**FEI Number:** 59-2111273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STARLING ROCA, KAY-LYNETTE  
185 E. INDIANTOWN RD.  
#205  
JUPITER, FL 33477 US

**Name and Address of New Registered Agent:**

STARLING ROCA, KAY-LYNETTE  
661 MAPLEWOOD DRIVE  
#21  
JUPITER, FL 33458 US

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.

SIGNATURE:

04/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STARLING-ROCA, KAY-LYNETTE  
Address: 285 GOLFVIEW DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: S  
Name: QUINN, SUNNY  
Address: 7882 SE COUNTRY ESTATES WAY  
City-St-Zip: JUPITER, FL 33458

Title: VP  
Name: BERNSTEIN, JORDAN  
Address: 12794 TOUCHSTONE PLACE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PT  
Name: GOLDSHOLLE, M DAVID  
Address: 5408 SEA BISQUIT ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: M  
Name: SMITH, PETER  
Address: 345 POTTER ROAD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: M  
Name: VERDIGIIGI, CAROL  
Address: 925 WHIPPOORWILL ISLE SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: M DAVID GOLDSHOLLE

PRES

04/28/2012

Electronic Signature of Signing Officer or Director

Date