

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002203**

1. Entity Name  
**THE HUMANE FOUNDATION FOR ANIMALS, INC.**



Principal Place of Business

**121 N COLLINS ST  
PLANT CITY, FL 33566**

Mailing Address

**PO BOX 777  
DURANT, FL 33530-0777**



**DO NOT WRITE IN THIS SPACE**

02222005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**31-1714610**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TRINKLE, ROBERT S  
121 N COLLINS ST  
PLANT CITY, FL 33566**

**DO NOT WRITE  
IN THIS SPACE**

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 retesting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



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

000000260019  
03/12/05-80008-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KANE, RICHARD Z
STREET ADDRESS	511 EAST BLOOMINGDALE AVENUE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	SD
NAME	KANE, CHERYL BOSTON
STREET ADDRESS	511 EAST BLOOMINGDALE AVENUE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	RAULERSON, DANIEL D
STREET ADDRESS	101 MAHONEY STREET
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

3-9-05