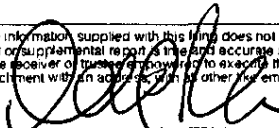


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91463 042 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80097509

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		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 _____ DATE _____ Signature typed on printed name of registered agent and UBR 3 application (NOTE: Registered Agent's signature required when registering)			
FILE NOW: FEE IS \$61.25		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 NAME STREET ADDRESS CITY - ST - ZIP	PD KANE, RICHARD Z 511 EAST BLOOMINGDALE AVENUE BRANDON, FL 33511	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KANE, CHERYL BOSTON 511 EAST BLOOMINGDALE AVENUE BRANDON, FL 33511	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAULERSON, DANIEL D 101 MAHONEY STREET PLANT CITY, FL 33566	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
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 owner of the business; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another authorized employee.			
SIGNATURE: 		Daniel D. Raulerson 4/24/03 813/752-4991	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2EC37 (10/02)