

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004406

FILED
Oct 03, 2005
Secretary of State

Entity Name: NATIONAL HUMANE SOCIETY, INC.

Current Principal Place of Business:

5136 MAYFAIR PK CT
TAMPA, FL 33647

New Principal Place of Business:

4039 GUNN HWY.
TAMPA, FL 33618

Current Mailing Address:

5136 MAYFAIR PK CT
TAMPA, FL 33647

New Mailing Address:

FEI Number: 65-1088759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIGHTBOURN, KELLIE ESQUIRE
4039 GUNN HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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: KELLIE LIGHTBOURN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CHILDS, CAROL
Address: 5136 MAY FAIR PARK CT.
City-St-Zip: TAMPA, FL 33647

Title: DT () Delete
Name: EXARHOS, KELLIE
Address: 2103 HOUNDS TOOTH DR.
City-St-Zip: TAMPA, FL 33618

Title: DV () Delete
Name: EXARHOS, NICK DR.
Address: 3830 N GUNN HWY
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: CURCIO, MARY
Address: WATER DANCE WAY
City-St-Zip: LAKE WORTH, F 33222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: EXARHOS, KELLIE
Address: 902 GUI SANDO DE. AVILA
City-St-Zip: TAMPA, FL 33613

Title: DV (X) Change () Addition
Name: EXARHOS, NICK DR.
Address: 4039 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROL CHILDS

PRES

10/03/2005

Electronic Signature of Signing Officer or Director

Date