2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N00000004406

Entity Name: NATIONAL HUMANE SOCIETY, INC.

Current Principal Place of Business:

4039 GUNN HWY.
TAMPA, FL 33618

New Principal Place of Business:

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LIGHTBOURN, KELLIE ESQUIRE
5136 MAYFAIR PARK CT.
TAMPA, FL 33647 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: _____

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 ESQ.	
Address:	902 GUISANDO DE. AVILA	
City-St-Zip:	TAMPA, FL 33613	
Title:	DV	( ) Delete
Name:	EXARHOS, NICK DR.	
Address:	4039 GUNN HWY	
City-St-Zip:	TAMPA, FL 33618	
Title:	S	( ) Delete
Name:	DUQUE, ANTONIO	
Address:	14832 SHAW ROAD.	
City-St-Zip:	TAMPA, FL 33625	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 DPS 07/08/2008

Electronic Signature of Signing Officer or Director — Date