

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90122 025 \*\*\*\*70.00

DOCUMENT # **N00000004406**

1. Entity Name  
**NATIONAL HUMANE SOCIETY, INC.**



Principal Place of Business  
**3830 N. GUNN HWY.  
TAMPA FL 33624**

Mailing Address  
**P.O. BOX 8508  
DEERFIELD BEACH FL 33443-8508**

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 **65-1088759**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIGHTBOURN, KELLIE ESQUIRE  
3830 N GUNN HWY.  
TAMPA FL 33624**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPS**  Delete  
NAME **CHILDS, CAROL**  
STREET ADDRESS **570 JEFFERSON DRIVE #112**  
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE **DPS**  Change  Addition  
NAME **CHILDS, CAROL**  
STREET ADDRESS **5136 mayfair Park Court**  
CITY-ST-ZIP **Tampa, FL 33647**

TITLE **DT**  Delete  
NAME **EXARHOS, KELLIE**  
STREET ADDRESS **3830 N GUNN HWY**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **DT**  Change  Addition  
NAME **Exarhos Kellie**  
STREET ADDRESS **2103 Hounds Tooth Drive**  
CITY-ST-ZIP **Tampa, FL 33618**

TITLE **DV**  Delete  
NAME **EXARHOS, NICK DR.**  
STREET ADDRESS **3830 N GUNN HWY**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **CURCIO, MARY**  
STREET ADDRESS **WATER DANCE WAY**  
CITY-ST-ZIP **LAKE WORTH F 33222**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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: *Carol Childs* **REQUIRED**

**813**  
**1-28-03 - 695-4777**

CR2E037 (10/02)