

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90336 001 \*\*\*122.50

**DOCUMENT # N01000002494**

1. Entity Name

**HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER  
COUNTY, FL FOUNDATION, INC.**



Principal Place of Business

**6230 77TH ST  
VERO BEACH FL 32967**

Mailing Address

**4701 41ST STREET  
VERO BEACH FL**

**00400304**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 644**

Suite, Apt. #, etc.

City & State

City & State

**Vero Beach FL**

Zip

Country

Zip

**32961**

Country

**Indian River**

4. FEI Number

**59-3729687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONOUGH, WAYNE R  
1901 25TH STREET  
VERO BEACH FL 32960**

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  
Due By May 1, 2004**

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 ☐ Delete  
NAME **D CANNON, ALEX**  
STREET ADDRESS **8814 LAKESIDE CIRCLE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete  
NAME **D CAMMANN, JANE**  
STREET ADDRESS **3554 OCEAN DRIVE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete  
NAME **SD WESTBROOK, KATHY**  
STREET ADDRESS **1955 3RD ST**  
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Delete  
NAME **P SMITH, SHERMAN III**  
STREET ADDRESS **1717 INDIAN RIVER BLVD**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete  
NAME **T BROWER, DAVID K**  
STREET ADDRESS **736 34TH TERR**  
CITY-ST-ZIP **VERO BEACH FL 32968**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **D John H. Evans**  
STREET ADDRESS **221 Sandpiper Pt.**  
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☒ Addition  
NAME **D Thomas McDevitt**  
STREET ADDRESS **1715 45TH AVE.**  
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☒ Addition  
NAME **D LINDA OBERKORTER**  
STREET ADDRESS **115 Island Creek Dr.**  
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☒ Addition  
NAME **D MACY SWIFT**  
STREET ADDRESS **6450 8TH ST.**  
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JANE CAMMANN 3-25-04 388-3331**