

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009050

FILED  
Sep 06, 2005  
Secretary of State

**Entity Name:** HUMANE SOCIETY OF INVERNESS, INC.

**Current Principal Place of Business:**

2109 SOUTH MOHICAN TRAIL  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

2109 SOUTH MOHICAN TRAIL  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 20-1636853      **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:**

**Name and Address of New Registered Agent:**

MEIER, MARGRET  
2109 SOUTH MOHICAN TRAIL  
INVERNESS, FL 34450      US

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: P      ( ) Delete  
Name: MEIER, MARGRET  
Address: 2109 SOUTH MOHICAN TRAIL  
City-St-Zip: INVERNESS, FL 34450

Title: VP      ( ) Delete  
Name: CARRUTHERS, KAREEN  
Address: 4461 SIERRA RD  
City-St-Zip: PHELAN, CA 92371

Title: SEC      ( ) Delete  
Name: REDD, MARY  
Address: PO BOX 1290  
City-St-Zip: GENEVA, FL 34450

**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:

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: MARGRET MEIER

P

09/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date