

N04000009050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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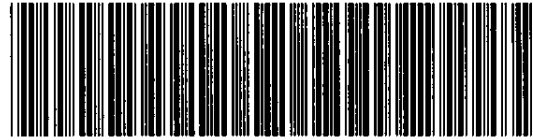
(Business Entity Name)

(Document Number)

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10/13/10--01012--018 \* 4375

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2010 OCT 13 A 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend AC  
Tewis  
10-14-10

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Humane Society of Inverness Inc

DOCUMENT NUMBER: NO4000009050

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margret Nolan  
(Name of Contact Person)

Humane Society of Inverness, Inc.  
(Firm/ Company)

2109 S. Mohican Trail  
(Address)

Inverness FL 34450  
(City/ State and Zip Code)

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margret Nolan at (352) 793-7180  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Humane Society of Inverness, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

1204000009050

(Document Number of Corporation (if known))

FILED  
2000 OCT 13 A 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Humane Society of Florida, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

7295 W CR48  
Bushnell, FL 33513

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

7295 W CR48  
Bushnell, FL 33513

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Florida street address)

\_\_\_\_\_, Florida  
(City)

\_\_\_\_\_, Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
 (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Vice President	Doris White	PO Box 0805 Inverness FL 34451	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Cliff Marshall	PO Box 0805 Inverness FL 34451	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Mary Redd	PO Box 1290 Geneva FL 34450	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

President Margaret Nolan \* new address \*  
 PO Box 0805  
 Inverness FL 34451

Treasurer Karen Carruthers \* new title \*  
 same address. no longer VP.

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Linda Casey	1915 Deborah Dr. Orlando FL 32817	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DT	Angela Memory	5625 W. Gulf to Lake Nwy City State River FL 34426	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Officer	Robert Pearcech	PO BOX 0805 Inverness FL 34451	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
officer	Mary Jane Gorton	PO Box 0805 INVERNESS FL 34451	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
officer	William Dials	PO Box 0805 INVERNESS FL 34451	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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The date of each amendment(s) adoption: 10-5-10

(date of adoption is required)

Effective date if applicable: 10-5-10

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/05/10

Signature M. Nolan

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Margaret Nolan  
(Typed or printed name of person signing)

President  
(Title of person signing)