

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009050

FILED  
Apr 30, 2011  
Secretary of State

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

**Current Principal Place of Business:**

7295 W. COUNTY ROAD 48  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

7295 W. COUNTY ROAD 48  
BUSHNELL, FL 33513

**New Mailing Address:**

**FEI Number:** 20-1636853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOLAN, MARGRET  
2109 SOUTH MOHICAN TRAIL  
INVERNESS, FL 34450 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: P  
Name: CARRUTHERS, KAREEN  
Address: PO BOX 0805  
City-St-Zip: INVERNESS, FL 34451

Title: S  
Name: PEACOCK, ROBERT  
Address: P. O. BOX 0805  
City-St-Zip: INVERNESS, FL 34451

Title: V  
Name: GORTON, MARY JANE  
Address: P. O. BOX 0805  
City-St-Zip: INVERNESS, FL 34451

Title: D  
Name: BITTING, ANN  
Address: P. O. BOX 0805  
City-St-Zip: INVERNESS, FL 344517

Title: T  
Name: WHITE, DORIS  
Address: P. O. BOX 0805  
City-St-Zip: INVERNESS, FL 34451

Title: D  
Name: BRINSON, BENNIE  
Address: P. O. BOX 0805  
City-St-Zip: INVERNESS, FL 34451

I hereby 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 all other like empowered.

SIGNATURE: K. CARRUTHERS

PRES

04/30/2011

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

\_\_\_\_\_  
Date