2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000009050

I FILED
Sep 20, 2011
Secretary of State

Entity Name: HUMANE SOCIETY OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

7295 W. COUNTY ROAD 48 9211 S FLORIDA AVE

BUSHNELL, FL 33513 FLORAL CITY, FL 33513 UN

Current Mailing Address: New Mailing Address:

7295 W. COUNTY ROAD 48 9211 S FLORIDA AVE

BUSHNELL, FL 33513 FLORAL CITY, FL 33513 UN

FEI Number: 20-1636853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

NOLAN, MARGRET GORTON, MARY JANE 2109 SOUTH MOHICAN TRAIL 7250 E APRIL CT

INVERNESS, FL 34450 US FLORAL CITY, FL 34436 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: MARY JANE GORTON 09/20/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: GORTON, MARY JANE
Address: 9211 S FLORIDA AVE
City-St-Zip: FLORAL CITY, FL 34436 UN

Title: VP

Name: CARUTHERS, KAREEN
Address: 9211 S FLORIDA AVENUE
City-St-Zip: FLORAL CITY, FL 34436

Title: S/T

Name: WHITE, DORIS

Address: 9211 S FLORIDA AVENUE City-St-Zip: FLORAL CITY, FL 34436

Title: [

Name: BITTING, ANN

Address: 9211 S FLORIDA AVENUE City-St-Zip: FLORAL CITY, FL 34436

Title:

Name: BRINSON, BONNIE
Address: 9211 S FLORIDA AVENUE
City-St-Zip: FLORAL CITY, FL 3443

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: MARY JANE GORTON P 09/20/2011