

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2007
Secretary of State**

DOCUMENT# N05000003789

Entity Name: HUMANE SOCIETY OF LEVY COUNTY, INC.

Current Principal Place of Business:

7051 NE 110TH AVE
BRONSON, FL 32621 US

New Principal Place of Business:

Current Mailing Address:

7051 NE 110TH AVE
BRONSON, FL 32621 US

New Mailing Address:

FEI Number: 20-2846763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHENK JR., MICHAEL G
7051 NE 110TH AVE
BRONSON, FL 32621 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 () Delete
Name: SCHENK, MICHAEL G JR.
Address: 7051 NE 110TH AVE
City-St-Zip: BRONSON, FL 32621 US

Title: VP () Delete
Name: HEFLIN, JODY
Address: 3919 NW 20TH TER
City-St-Zip: GAINESVILLE, FL 32605 US

Title: T () Delete
Name: FLECK, KATHY
Address: 853 NW 2ND ST.
City-St-Zip: WILLISTON, FL 32696 US

Title: D () Delete
Name: ROOKS, LILLY
Address: 6530 SW SR 24
City-St-Zip: CEDAR KEY, FL 32625 US

Title: D () Delete
Name: ESLER, DARLENE DR.
Address: 9190 NE 137TH CT
City-St-Zip: WILLISTON, FL 32696 US

Title: S () Delete
Name: FLICKINGER, MARY
Address: 14403 SW 274TH STREET
City-St-Zip: NEWBERRY, FL 32669 US

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:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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 Chapter 119, 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: KATHLEEN FLECK

T

04/08/2007

Electronic Signature of Signing Officer or Director

Date