

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003789

FILED  
Feb 02, 2011  
Secretary of State

**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:**

P.O. BOX 678  
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: T/D  
Name: SCHENK, MICHAEL G JR.  
Address: PO BOX 678  
City-St-Zip: BRONSON, FL 32621 US

Title: D  
Name: ESLER, DARLENE DVM  
Address: PO BOX 678  
City-St-Zip: BRONSON, FL 32621 US

Title: S/D  
Name: LANDSIEDEL, DEBRA  
Address: PO BOX 678  
City-St-Zip: BRONSON, FL 32621 US

Title: D  
Name: GILL, BECKY  
Address: PO BOX 678  
City-St-Zip: BRONSON, FL 32621 US

Title: P/D  
Name: HAGAN, MICHELLE  
Address: PO BOX 678  
City-St-Zip: BRONSON, FL 32621 US

Title: D  
Name: FLICKINGER, MARY  
Address: PO BOX 678  
City-St-Zip: BRONSON, FL 32621 US

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: MICHAEL SCHENK

T/D

02/02/2011

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

\_\_\_\_\_  
Date