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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90110 015 \*\*\*\*61.25

0021291

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N06445**

1. Corporation Name

**HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER CO  
UNTY, INC.**

429434 - 90110 - 15

Principal Place of Business

**4701-41ST ST.  
PO BOX 644  
VERO BEACH FL 32961**

Mailing Address

**4701-41ST ST.  
PO BOX 644  
VERO BEACH FL 32961**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

**29**

3. Date Incorporated or Qualified

**12/04/1984**

4. FEI Number

**59-0863199**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**CARLSON, JOAN  
4701-41ST ST.  
VERO BEACH FL 32960**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME BENEDICT, NANCY H  
STREET ADDRESS 4701-41ST ST.  
CITY-STATE-ZIP VERO BEACH FL**

TITLE ☐ DELETE

**S  
NAME STARCK, DONNA  
STREET ADDRESS 4701-41ST ST.  
CITY-STATE-ZIP VERO BEACH FL**

TITLE ☐ DELETE

**VP  
NAME WRIGHT, DONALD  
STREET ADDRESS 4701-41ST ST.  
CITY-STATE-ZIP VERO BEACH FL**

TITLE ☐ DELETE

**D  
NAME KING, JANE  
STREET ADDRESS 4701-41ST ST.  
CITY-STATE-ZIP VERO BEACH FL**

TITLE ☐ DELETE

**T  
NAME CAMMANN, JANE  
STREET ADDRESS 4701-41ST ST.  
CITY-STATE-ZIP VERO BEACH FL**

TITLE ☐ DELETE

**D  
NAME BROWER, DAVID  
STREET ADDRESS 4701 41ST ST.  
CITY-STATE-ZIP VERO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: [Signature] NANCY H. BENEDICT 4-22-99 (561) 567-2309**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)