


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90336 001 ***122.50

DOCUMENT # N06445 1. Entity Name HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, INC.	
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Principal Place of Business 6230 77TH STREET VERO BEACH FL 32967 US	Mailing Address 4701 41ST ST PO BOX 644 VERO BEACH FL 32961
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 644 Suite, Apt. #, etc.
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City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32961	Country INDIAN RIVER

6. Name and Address of Current Registered Agent CARLSON, JOAN 4701-41ST ST. 6230 77TH ST VERO BEACH FL 32960 32967	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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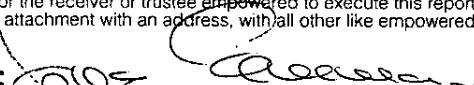
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VICKERS, DEBBI 4701-41ST ST. VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MR. J. C. BRITT 6230 77TH ST. VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBB-HASKETT, CYNTHIA 4701 41ST ST VERO BEACH FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6230 77TH ST. VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDEVITT, THOMAS 4701-41ST ST. VERO BEACH FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6230 77TH ST. VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORSE, CHALMERS 4701 41ST ST VERO BEACH FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6230 77TH ST. VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMMANN, JANE 4701-41ST ST. VERO BEACH FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6230 77TH ST. VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWER, DAVID 4701 41ST ST. VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6230 77TH ST. VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JANE CAMMANN-25-04** **772 388 3331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #