



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90179 018 ****61.25

DOCUMENT # N06445					
1. Entity Name HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, INC.					
Principal Place of Business 6230 77TH STREET VERO BEACH, FL 32967 US		Mailing Address PO BOX 644 VERO BEACH, FL 32961		400000 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01182007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-0863199	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARLSON, JOAN 6230 77TH STREET VERO BEACH, FL 32960			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITT, J.C. MR		NAME		
STREET ADDRESS	6230 77TH ST.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARCK, DONNA		NAME		
STREET ADDRESS	6230 77TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDEVITT, THOMAS		NAME		
STREET ADDRESS	6230 77TH ST.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, CHALMERS		NAME		
STREET ADDRESS	6230 77TH ST.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, DEBBIE		NAME	HAROLD OBERKOTTER,	
STREET ADDRESS	6230 77TH ST.		STREET ADDRESS	6230 77th St.	
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCHIER-NEWELL, JUDY		NAME	SHEILA MARSHALL	
STREET ADDRESS	6230 77TH ST.		STREET ADDRESS	6230 77th St.	
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	VERO BEACH, FL 32967	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date</small>	
		_____ <small>Daytime Phone #</small>		4/11/07 772-388-3826	