

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 16, 2009
Secretary of State

DOCUMENT# N08000009767

Entity Name: HUMANE SOCIETY PET RESCUE FL, INC.**Current Principal Place of Business:**502 HIGHWAY 98 N
OKEECHOBEE, FL 34972 US**New Principal Place of Business:**1203 HIGHWAY 98 N
OKEECHOBEE, FL 34972 US**Current Mailing Address:**PO BOX 233
OKEECHOBEE, FL 349730233 US**New Mailing Address:****FEI Number:** 26-3583064**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BAVD., SUITE A-100
TAMPA, FL 33612 US**Name and Address of New Registered Agent:**FORLIFER, BELINDA
1203 HWY 98N
OKEECHOBEE, FL 34972 US

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: BELINDA ELIZABETH FORLIFER

10/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FORLIFER, BELINDA E D
Address: 407 NE 8TH AVE
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: SEC () Delete
Name: THOMAS, WANDA S D
Address: 5768 NW 149TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: TRES () Delete
Name: LAUCK, JEANETTE D
Address: 9 BASS STREET BHR
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: DOWLING, LOUISE E D
Address: 1557 SW 35TH CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: TRES (X) Change () Addition
Name: THRIFT, DIANE A D
Address: 3125 SE 26TH ST
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: M () Change (X) Addition
Name: STANLEY, DRUCILLA D M
Address: 1525 SW 35TH CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974 US

I hereby certify that the information supplied with this filing does not qualify 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: BELINDA ELIZABETH FORLIFER

P/D

10/16/2009

Electronic Signature of Signing Officer or Director

Date