

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16013

FILED
Feb 28, 2006
Secretary of State

Entity Name: THE HUMANE SOCIETY OF BROWARD COUNTY, INC.

Current Principal Place of Business:

2070 GRIFFIN ROAD
FT. LAUDERDALE, FL 333122297

New Principal Place of Business:

Current Mailing Address:

2070 GRIFFIN ROAD
FT. LAUDERDALE, FL 333122997

New Mailing Address:

FEI Number: 59-6002321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRIORE, ANTHONY
2070 GRIFFIN ROAD
FT. LAUDERDALE, FL 333122997 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 () Delete
Name: BAMBENEK, THOMAS G
Address: 300 S AUS ISAGO STE 19
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: P () Delete
Name: LEE, CAROLINE
Address: 2601 E. OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: SD () Delete
Name: MILLER, GINNY
Address: 614 S FREEMAN HWY
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: VP () Delete
Name: DEMEO, ANTHONY
Address: 2400 E COMMERCIAL BLVD, 517
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MD () Delete
Name: AGOSTINO, CHRISTOPHER
Address: 2070 GRIFFIN ROAD
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BAMBENEK, THOMAS G
Address: 300 S PINE ISLAND RD STE 19
City-St-Zip: FORT LAUDERDALE, FL 33324

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

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Name:
Address:
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Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER AGOSTINO

ED

02/28/2006

Electronic Signature of Signing Officer or Director

_____ Date