

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25086** (2)
1. Corporation Name

THE HUMANE SOCIETY OF THE LAKE REGION, INC.



Principal Place of Business: 7435 SR 21 N, KEYSTONE HEIGHTS FL 32656
Mailing Address: 7435 SR 21 N, KEYSTONE HEIGHTS FL 32656

3. Date Incorporated or Qualified: 02/29/1988
3a. Date of Last Report: 09/29/1995

2. Principal Place of Business: 21 [Blank]
2a. Mailing Address: 26 P.O. Box 217
22 Suite, Apt. #, etc.: [Blank]
27 Suite, Apt. #, etc.: [Blank]
23 City & State: [Blank]
28 City & State: 27 Keystone Heights, FL
29 Zip: [Blank]
30 Zip: 28 32656
Country: [Blank]

4. FEI Number: 59-2908045
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [Blank] Yes [Blank] No

9. Name and Address of Current Registered Agent
BLOODGOOD, DARBY
6530 WOODLAND DRIVE
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent
81 Name: **Karen M. Bass**
82 Street Address (P.O. Box Number is Not Acceptable): **7961 Breezy Point Road East**
83 City: **Melrose,**
84 City: [Blank]
85 Zip Code: **FL 32666**

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: **Karen M. Bass, Treasurer**
Signature, typed or printed name of registered agent and title if applicable

Karen M. Bass - 5-1-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORNE, LISA	
STREET ADDRESS	125 LONG POND DR	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARRISH, LARRY	
STREET ADDRESS	HIGHWAY 100	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HORVATH-NEIMEYER, PAULA	
STREET ADDRESS	RT 2 BOX 322	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BASS, KAREN M	
STREET ADDRESS	7961 BREEZY PT RD E	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNS, GLORIA	
STREET ADDRESS	7435 SR 21 N	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAMFORD, RODNEY	
STREET ADDRESS	P. O. BOX 1545 N/A	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Karen M. Bass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 352-473-7300
Date Daytime Phone #

CR2E037 (12/95)