

FILE NOW: FILING FEE AFTER MAY 1 IS \$150.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:52**

DOCUMENT # N93000000367 (3)

1. Corporation Name

HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.

Principal Place of Business Mailing Address
**3900 LAKE CENTER DRIVE
SUITE A-4
MOUNT DORA FL** **3900 LAKE CENTER DRIVE
SUITE A-4
MOUNT DORA FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3205478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent
**TALLY, LOU
3900 LAKE CENTER DRIVE
SUITE A-4
MOUNT DORA FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCOVIL, JANE L
STREET ADDRESS	22308 LIVE OAKS RANCH ROAD
CITY - ST - ZIP	UNATILLA FL
TITLE	D
NAME	AARON, CHRISTINE M
STREET ADDRESS	505 S. CENTER STREET
CITY - ST - ZIP	EUSTIS FL 32726
TITLE	D
NAME	BOWERS, GAIL E
STREET ADDRESS	3515 ERIE CT.
CITY - ST - ZIP	ORLANDO FL 32810
TITLE	D
NAME	FLINK, HERMAN
STREET ADDRESS	RT. 1, BOX 6
CITY - ST - ZIP	MOUNT DORA FL 32757
TITLE	DP
NAME	PATROWICZ, TULLY C
STREET ADDRESS	488 N. HWY. 19
CITY - ST - ZIP	MOUNT DORA FL
TITLE	DST
NAME	KIERNAN, LOYD J
STREET ADDRESS	31913 BAY STREET
CITY - ST - ZIP	TAVARES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related in Section 110.07(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: Tully C. Patrowicz **Tully C. Patrowicz, Pres. 4/8/95 904-357-8810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

1995 Corporation Annual Report
Additional Trustees/Officers

Document #N9300000367 (3)

Corporation: HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.

FEI Number: 59-3205478

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PEARSON, ERMINE
403 N. DONNELLY ST.
MOUNT DORA, FL