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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000367 (3)
 1. Corporation Name
HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.



Principal Place of Business 3900 LAKE CENTER DRIVE SUITE A-4 MOUNT DORA FL	Mailing Address 3900 LAKE CENTER DRIVE SUITE A-4 MOUNT DORA FL 32757-2203 US
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3. Date Incorporated or Qualified 01/22/1993	
4. FEI Number 59-3205478	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOVIL, JANE L	1.2 NAME	
STREET ADDRESS	22308 LIVE OAKS RANCH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	UNATILLA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, DOROTHY	2.2 NAME	
STREET ADDRESS	37022 SOUTH OAK LANE, THREE LAKES	2.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, BARBARA	3.2 NAME	
STREET ADDRESS	16400 PERU ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINK, HERMAN	4.2 NAME	
STREET ADDRESS	RT. 1, BOX 6	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	4.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATROWICZ, TULLY C	5.2 NAME	
STREET ADDRESS	488 N. HWY. 19	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	5.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIERNAN, LOYD J	6.2 NAME	
STREET ADDRESS	31913 BAY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	6.4 CITY-ST-ZIP	

5.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PEARSON, ERMINE
5.3 STREET ADDRESS	403 N. DONNELLY STREET
5.4 CITY-ST-ZIP	MOUNT DORA, FL 32757
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **1/21/98** (352)-343-2196

CRE037 (10/97)

1998 Corporation Annual Report
Additional Trustees/Officers

Document #N93000000367 (3)

Corporation: HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.

FEI Number: 59-3205478

D
Don McConnell
50 Sand Lake Place
Eustis FL 32726

D
Wilbur Frank, D.V.M.
16100 Dora Avenue
Eustis FL 32726

D
WESTON, CLAIRE
970 Fairview Avenue
Mount Dora, FL 32757