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May 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000367

1. Corporation Name
HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.

90045 - 20

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/22/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3205478	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TALLY, LOU 3900 LAKE CENTER DRIVE SUITE A-4 MOUNT DORA FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			FL

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 type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, ERMVNE	5.2 NAME	
STREET ADDRESS	403 N DONNELLY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	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	

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 2/22/99 DAYTIME PHONE #: 352-343-2196

CR2E037 (1/98)

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1999 Corporation Annual Report
Additional Trustees/Officers

Document #N93000000367

Corporation: HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.

FEI Number: 59-3205478

D
McCONNELL, DONALD
50 Sand Lake Place
Eustis FL 32726

D
MERRITT, FREDDIE R.
16100 Dora Avenue
Eustis FL 32726

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