


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000367			
1. Entity Name HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.			
Principal Place of Business 910 S BAY STREET EUSTIS, FL 32726		Mailing Address PO BOX 1314 MOUNT DORA, FL 32757-2203 US	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCONNELL, DON PROMONTORY COVE 50 SAND LAKE PLACE EUSTIS, FL 32726		Name MCCONNELL, DON	
		Street Address (P.O. Box Number is Not Acceptable) WATERMAN VILLAGE	
		107 Woodbury Ave	
		City MT. DORA, FL	FL
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Don McConnell</i> DON MCCONNELL		DATE: 7-8-2004	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOVIL, JANE L	NAME	
STREET ADDRESS	22308 LIVE OAKS RANCH ROAD	STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, DOROTHY	NAME	
STREET ADDRESS	37022 SOUTH OAK LANE, THREE LAKES	STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, BARBARA	NAME	
STREET ADDRESS	16400 PERU ROAD	STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINK, HERMAN	NAME	
STREET ADDRESS	RT. 1, BOX 6	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, ERMVNE	NAME	
STREET ADDRESS	403 N DONNELLY ST	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIERNAN, LOYD J	NAME	
STREET ADDRESS	31913 BAY STREET	STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL	CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Don McConnell</i> DON MCCONNELL		DATE: 7-8-2004 352-3837861	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54061743



07082004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3205478** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name **MCCONNELL, DON**
 Street Address (P.O. Box Number is Not Acceptable) **WATERMAN VILLAGE**
107 Woodbury Ave
 City **MT. DORA, FL** FL Zip Code **32757**

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE: *Don McConnell* **DON MCCONNELL** 7-8-2004 352-3837861
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #