

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90031 007 \*\*\*\*61.25



**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: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

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

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



1st MOORE CR2E037 (10/04)

**6. Name and Address of Current Registered Agent**

**MCCONNELL, DON  
WATERMAN VILLAGE  
107 WOODBURY AVE  
MOUNT DORA FL 32757**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOVIL, JANE L	
STREET ADDRESS	22308 LIVE OAKS RANCH ROAD	
CITY-ST-ZIP	UNATILLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGAN, DOROTHY	
STREET ADDRESS	37022 SOUTH OAK LANE, THREE LAKES	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVE, BARBARA	
STREET ADDRESS	16400 PERU ROAD	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLINK, HERMAN	
STREET ADDRESS	RT. 1, BOX 6	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PEARSON, ERMVNE	
STREET ADDRESS	403 N DONNELLY ST	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KIERNAN, LOYD J	
STREET ADDRESS	31913 BAY STREET	
CITY-ST-ZIP	TAVARES FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #