


**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

900330-

<b>DOCUMENT # N93000000367</b>				04-20-2006 90170 029 ****61.25	
1. Entity Name <b>HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.</b>					
Principal Place of Business <b>910 S BAY STREET EUSTIS, FL 32726</b>		Mailing Address <b>PO BOX 1314 MOUNT DORA, FL 32757-2203 US</b>			
2. Principal Place of Business		3. Mailing Address <b>6454 Dora Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Mt Dora FL</b>			
Zip		Country		4. FEI Number <b>59-3205478</b>	
<b>32757</b>		<b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>MCCONNELL, DON WATERMAN VILLAGE 107 WOODBURY AVE MOUNT DORA, FL 32757</b>		Name <b>Herman Flink M.D.</b>			
		Street Address (P.O. Box Number is Not Acceptable) <b>6454 Dora Dr.</b>			
		City <b>Mt. Dora FL</b>			
		Zip Code <b>32757</b>			
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 <b>H. Flink, Treasurer</b> 3/22/6					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D SCOVIL, JANE L 22308 LIVE OAKS RANCH ROAD UNATILLA, FL <input type="checkbox"/> Delete			DST Melanie Griffey 36202 E. Eldorado Lake Dr Eustis, FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
D LOGAN, DOROTHY 37022 SOUTH OAK LANE, THREE LAKES UMATILLA, FL <input checked="" type="checkbox"/> Delete			D John Weatherford 910 S. Bay St. Eustis, FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
D LOVE, BARBARA 16400 PERU ROAD UMATILLA, FL <input type="checkbox"/> Delete					
DT FLINK, HERMAN RT. 1, BOX 6 6454 Dora Dr MOUNT DORA, FL 32757 <input type="checkbox"/> Delete			DT 6454 Dora Dr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
DP PEARSON, ERMINE 403 N DONNELLY ST MOUNT DORA, FL 32757 <input type="checkbox"/> Delete					
D KIERNAN, LOYD J 31913 BAY STREET TAVARES, FL <input type="checkbox"/> Delete			D 352-326-2224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>H. Flink</b> 3/22/6 352-326-2224					
Signature and typed or printed name of signing officer or director Date Daytime Phone #					