

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000367

FILED  
Jan 21, 2007  
Secretary of State

**Entity Name:** HUMANE SOCIETY OF LAKE COUNTY FOUNDATION, INC.

**Current Principal Place of Business:**

910 S BAY STREET  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

6454 DORA DR  
MOUNT DORA, FL 32757 US

**New Mailing Address:**

**FEI Number:** 59-3205478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLINK, HERMAN M.D  
6454 DORA DR  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: SCOVIL, JANE L  
Address: 22308 LIVE OAKS RANCH ROAD  
City-St-Zip: UNATILLA, FL

Title: DST ( ) Delete  
Name: GRIFFEY, MELANIE  
Address: 36202 E ELDORADO LAKE DR  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: LOVE, BARBARA  
Address: 16400 PERU ROAD  
City-St-Zip: UMATILLA, FL

Title: DT ( ) Delete  
Name: FLINK, HERMAN  
Address: 6454 DORA DR  
City-St-Zip: MOUNT DORA, FL 32757

Title: DP ( ) Delete  
Name: PEARSON, ERMINE  
Address: 403 N DONNELLY ST  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: KIERNAN, LOYD J  
Address: 31913 BAY STREET  
City-St-Zip: TAVARES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SCOVIL, JANE L  
Address: 22308 LIVE OAKS RANCH ROAD  
City-St-Zip: UMATILLA, FL

Title: DS (X) Change ( ) Addition  
Name: GRIFFEY, MELANIE  
Address: 36202 E ELDORADO LAKE DR  
City-St-Zip: EUSTIS, FL 32726

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN FLINK

TREA

01/21/2007

Electronic Signature of Signing Officer or Director

Date