2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2008
Secretary of State

DOCUMENT# N93000000367

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:	D	( ) Delete
Name:	SCOVIL, JANE L	
Address:	22308 LIVE OAKS RANCH ROAD	
City-St-Zip:	UMATILLA, FL	
Title:	DS	( ) 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, ERMYNE	
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:	( ) 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:	
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 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: H. FLINK TREA 03/08/2008

Electronic Signature of Signing Officer or Director — Date