

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000367

FILED  
Feb 09, 2012  
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: D  
Name: SCOVIL, JANE L  
Address: 22308 LIVE OAKS RANCH ROAD  
City-St-Zip: UMATILLA, FL

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: H. FLINK

TRES

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date