

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000482

FILED
Apr 29, 2004
Secretary of State**Entity Name:** NETWORK OF HUMANE ORGANIZATIONS OF FLORIDA, INC.**Current Principal Place of Business:**7814 MONTEZUMA TRAIL
ORLANDO, FL 32825 US**New Principal Place of Business:****Current Mailing Address:**7814 MONTEZUMA TRAIL
ORLANDO, FL 32825 US**New Mailing Address:****FEI Number:** 59-3297626**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SARULLO, JUDITH
7814 MONTEZUMA TRAIL
ORLANDO, FL 32825 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:** PD () Delete
Name: SARULLO, JUDITH
Address: 7814 MONTEZUMA TRAIL
City-St-Zip: ORLANDO, FL 32825**Title:** VD () Delete
Name: VENTURINO, MARY
Address: 7933 CHAD COURT
City-St-Zip: ST. CLOUD, FL 32811**Title:** STD () Delete
Name: BURKE, TIM
Address: 7814 MONTEZUMA TRAIL
City-St-Zip: ORLANDO, FL 32825**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUDITH M. SARULLO

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date