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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90021 040 ****61.25

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002498

Corporation Name

HUMANE SOCIETY OF NORTH PINELLAS FOUNDATION, INC

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SUITE 300 CLEARWATER FL 34625 2. Principal Place of Business 2a. Mailing Address 25	Principal Place of Business Mailing Address									
CLEARWATER FL 34625 CLEARWATER FL 34625 CLEARWATER FL 34625 2. Principal Place of Business 2. Mailling Address 3. Date Incorporated or Qualifed 05/25/1995 4. FEI Number 59-3445308 Not Address 22	2560 GULF TO BAY BLVD. 2560 GULF TO BAY BLVD.			BLVD.			1 (BR)((B) 819 (B) 81 85)((88)(5 88)(1 88)(1			
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Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed			
27	21		26				05/25/1995			
City & State City & State Zip Country Zip Country Added to 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 81 Name GELLER, JACK J ESQ 2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER FL 34625 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P/D Country 6. Election Campaign Financing Trust Fund Contribution Added to Fee Require Status Desired Agent Status Desired Status Desired Agent	Suite, Apt.	#, etc.	Suite, Apt. #, etc	.			4. FEI Number		Apr	olied For
23 28 5. Certificate of Status Desired Fee Required Fee Required Fee Re	22		27				59-3445308		Not	Applicat
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TITLE D DELETE 21 TITLE Change	}- 							c	hange	☐ Add

ition 2.2 NAME NAME PATTERSON, LESLIE STREET ADDRESS 711 FAIRWOOD LANE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34619 DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME SPAS, SHIRLEY 3.3 STREET ADDRESS STREET ADDRESS 616 WATERFORD CIR. E. TARPON SPRINGS FL 34689 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE FECURED TACKT. GUILDE 127 199 (727) 799-48

CR2E037 (11/98)