


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90083 035 ****61.25

DOCUMENT # N95000002498	
1. Entity Name HUMANE SOCIETY OF PINELLAS FOUNDATION, INC.	

Principal Place of Business 2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER, FL 33765	Mailing Address 2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER, FL 33765
--	--

DO NOT WRITE IN THIS SPACE



03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3445308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GELLER, JACK J ESQ 2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER, FL 33765
--

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GELLER, JACK J. 2560 GULF TO BAY BLVD. #300 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, LESLIE 744 FAIRWOOD LANE 2179 BRAMBLEWOOD DR. S. CLEARWATER, FL 33765 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAS, SHIRLEY 616 WATERFORD CIR. E. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY SPAS, Shirley Spas, VP Finance 4/16/05 727-797-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #