


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 **\$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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 33769 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	

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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 #