

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 29, 2006  
Secretary of State**

DOCUMENT# N95000002498

Entity Name: HUMANE SOCIETY OF PINELLAS FOUNDATION, INC.

**Current Principal Place of Business:**

2560 GULF TO BAY BLVD.  
SUITE 300  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

2560 GULF TO BAY BLVD.  
SUITE 300  
CLEARWATER, FL 33765

**New Mailing Address:**

FEI Number: 59-3445308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GELLER, JACK J ESQ  
2560 GULF TO BAY BLVD.  
SUITE 300  
CLEARWATER, FL 33765 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: P/D ( ) Delete  
Name: GELLER, JACK J.,  
Address: 2179 BRAMBLEWOOD DR S  
City-St-Zip: CLEARWATER, FL 33763

Title: D ( ) Delete  
Name: PATTERSON, LESLIE,  
Address: 711 FAIRWOOD LANE  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: SPAS, SHIRLEY,  
Address: 616 WATERFORD CIR. E.  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WARREN, JAMES,  
Address: 3158 CARLOS DR  
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICK CHABOUDY

ED

03/29/2006

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

\_\_\_\_\_  
Date