2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002498

FILED Apr 30, 2009 Secretary of State

Entity Name: HUMANE SOCIETY OF PINELLAS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2560 GULF TO BAY BLVD 3040 STATE ROAD 590 SUITE 300 CLEARWATER, FL 33759 US CLEARWATER, FL 33765 US **New Mailing Address: Current Mailing Address:** 2560 GULF TO BAY BLVD 3040 STATE ROAD 590 SUITE 300 CLEARWATER, FL 33759 US CLEARWATER, FL 33765 US FEI Number: 59-3445308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELLER, JACK J ESQ 2560 GULF TO BAY BLVD SUITE 300 CLEARWATER, FL 33765 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GELLER, JACK GELLER, JACK Name: Name: 1860 N FT HARRISON AVE, UNIT 402 Address: 2560 GULF TO BAY BLVD. #300 Address: City-St-Zip: CLEARWATER, FL 33755 US City-St-Zip: CLEARWATER, FL 33765 US Title: Title: (X) Change () Addition () Delete GOODRICH, CAROLINE Name: BOLLENBACK, MICHAEL Name: Address: 12907 CASTLEMAINE DR Address: 1000 PINELLAS STREET City-St-Zip: TAMPA, FL 33640 US City-St-Zip: CLEARWATER, FL 33756 US Title: () Delete Title: P//P () Change (X) Addition SIKA, STEVE Name: Name: Address: Address: 250 NORTH BELCHER ROAD City-St-Zip: City-St-Zip: CLEARWATER, FL 33765 Title: () Delete Title: () Change (X) Addition Name: Name: PATTERSON, LESLIE A 2179 BRAMBLEWOOD DRIVE SOUTH Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE A. PATTERSON D 04/30/2009