

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004906

FILED  
Jan 13, 2005  
Secretary of State

**Entity Name:** HELPING PAWS HUMANE SOCIETY, INC.

**Current Principal Place of Business:**

4407 TEKA LANE  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

4407 TEKA LANE  
ST. CLOUD, FL 34772

**New Mailing Address:**

**FEI Number:** 59-3402985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAPP, DONNA S  
4407 TEKA LANE  
ST. CLOUD, FL 34772 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: DP ( ) Delete  
Name: CLAPP, DONNA S  
Address: 4407 TEKA LANE  
City-St-Zip: ST. CLOUD, FL 34772

Title: DT ( ) Delete  
Name: STURZENEGGER, AL  
Address: 4408 TEKA LANE  
City-St-Zip: ST. CLOUD, FL 34772

Title: D ( ) Delete  
Name: JOHNSON, ANNETTE  
Address: 2136 SPICE AVE  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

Title: D ( ) Change (X) Addition  
Name: SANDERS, ANITA  
Address: 1015 SHAWNDA LANE  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA S. CLAPP

DP

01/13/2005

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

\_\_\_\_\_  
Date