

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004333

FILED
Apr 28, 2009
Secretary of State

Entity Name: HUMANE SOCIETY OF NORTH AMERICA, INC.

Current Principal Place of Business:

1630 SAND KEY CIRCLE
OVIEDO, FL 32765 US

New Principal Place of Business:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

1630 SAND KEY CIRCLE
OVIEDO, FL 32765 US

New Mailing Address:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-3523212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, MARGIE
1630 SAND KEY CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

ADKINS, LARRY G
206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 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: LARRY G ADKINS

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTINEZ, MARGIE
Address: 1630 SAND KEY CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: VIRELLA, JESUS
Address: 713 MEADOWSIDE CT
City-St-Zip: ORLANDO, FL 32825 US

Title: D () Delete
Name: MARTINEZ, AMANDA
Address: 1630 SAND KEY CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ADKINS, LARRY G
Address: 206 TRANQUILITY COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: LARRY G. ADKINS

O/D

04/28/2009

Electronic Signature of Signing Officer or Director

Date