

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004333

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** HUMANE SOCIETY OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 59-3523212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADKINS, LARRY G  
206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701 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: D  
Name: MARTINEZ, MARGIE  
Address: 1630 SAND KEY CIRCLE  
City-St-Zip: OVIEDO, FL 32765

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

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

I hereby 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 all other like empowered.

SIGNATURE: LARRY ADKINS

D

04/28/2010

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

\_\_\_\_\_ Date