FILED Jun 30, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # N98000004664 05-28-2002 91559 001 *****8.75 05-28-2002 91559 002 ****61.25 HUMANE SOCIETY OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 5859 CR 545 WINTER GARDEN FL 34787-9745 5859 CR 545 WINTER GARDEN FL 34787-9745 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3531069 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, WADE F JR Street Address (P.O. Box Number is Not Acceptable) 5859 CR 545 WINTER GARDEN FL 34787-9745 Zip Code FL 8. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NASSOFER, LORRIE NAME STREET ADDRESS 5859 CR 545 STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787-9745 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHUMACHER, HOWARD NAME NAME STREET ADDRESS 5859 CR 545 STREET ADDRESS CITY-ST-7/P WINTER GARDEN FL 34787-9745 CITY-ST-ZIP 61EORBIE FLUEGIEL - Change - Paddition TITLE -Deleta ... TITLE - ~-PATTEN, PERRY NAME-5459 CR 545 STREET ADDRESS STREET ADDRESS 5859 CR 845 CITY-ST-ZIP WINTER GARDEN FL 34787-9745 CITY-ST-71P WINTERGARDEN PL34787-9745 LYNN STEWART DIRECTOR S859 CR 545 TIT) E Delete TITLE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER GARDEN GL 34787-9745 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP Demai Sugaria CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

NAME

STREET ADDRESS

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP