

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90031 029 ****61.25



DOCUMENT # N98000004664

1. Entity Name
HUMANE SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business
5859 CR 545
WINTER GARDEN, FL 34787-9745

Mailing Address
PO BOX 783636
WINTER GARDEN, FL 34778-3636



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3531069

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, WADE F JR
1015B SOUTH DILLARD ST.
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NASSOFER, LORRIE	
STREET ADDRESS	PO BOX 783636	
CITY-ST-ZIP	WINTER GARDEN, FL 347783636	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUMACHER, HOWARD	
STREET ADDRESS	PO BOX 783636	
CITY-ST-ZIP	WINTER GARDEN, FL 347783636	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNELLING, CHRIS	
STREET ADDRESS	PO BOX 783636	
CITY-ST-ZIP	WINTER GARDEN, FL 347783636	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. EDWIN PATTEN	
STREET ADDRESS	PO B 783636	
CITY-ST-ZIP	WINTER GARDEN FL 34778-3636	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information 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 indicated on this report or supplemental 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorrie Nassofer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/04
 Date

4078322861
 Daytime Phone #