

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

0061655

05-05-2003 90899 001 *****8.75
05-05-2003 90899 002 *****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
**5859 CR 545
WINTER GARDEN FL 34787-9745**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO B 783636
Suite, Apt. #, etc.

City & State
WINTER GARDEN

City & State
WINTER GARDEN

Zip
34778-3636

Country
Orange

4. FEI Number **59-3531069**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**JOHNSON, WADE F JR
5859 CR 545
WINTER GARDEN FL 34787-9745**

7. Name and Address of New Registered Agent

Name
WADE F JOHNSON JR

Street Address (P.O. Box Number is Not Acceptable)
1015 B SOUTH DILLARD ST

City
WINTER GARDEN

State
FL

Zip Code
34787

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 *Massofer* (NOTE: Registered Agent signature required when reinstating)

DATE 4/29/03

FILE NOW: FEE IS \$61.25

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	5859 CR 545	
CITY-ST-ZIP	WINTER GARDEN FL 34787-9745	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUMACHER, HOWARD	
STREET ADDRESS	5859 CR 545	
CITY-ST-ZIP	WINTER GARDEN FL 34787-9745	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNELLING, CHRIS	
STREET ADDRESS	5859 CR 545	
CITY-ST-ZIP	WINTER GARDEN FL 34787-9745	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO B 783636	
STREET ADDRESS	WINTER GARDEN 34778-3636	
CITY-ST-ZIP	WINTER GARDEN 34778-3636	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO B 783636	
STREET ADDRESS	WINTER GARDEN 34778-3636	
CITY-ST-ZIP	WINTER GARDEN 34778-3636	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO B 783636	
STREET ADDRESS	WINTER GARDEN 34778-3636	
CITY-ST-ZIP	WINTER GARDEN 34778-3636	
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		

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: *Signature Required* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE: 4/29/03

DAYTIME PHONE #: 407 832-2861

CR2E037 (10/02)