

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000024063

1. Entity Name
TAMPA BAY HUMANE SOCIETY, INC.



Principal Place of Business
**3607 N. ARMENIA AVE.
TAMPA, FL 33607**

Mailing Address
**3607 N. ARMENIA AVE.
TAMPA, FL 33607**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

07162008 Chg-P - CR2E034 (12/06)

4. FEI Number
59-3727594

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN ST. STE 2100
TAMPA, FL 33602**

7. Name and Address of New Registered Agent
Name **HOLLY O'BRIEN**
Street Address (P.O. Box Number is Not Acceptable)
2413 BAYSHORE BLVD #1701
City **TAMPA** FL Zip Code **33629**

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 *Holly O'Brien* as President of TAMPS **Holly O'Brien** Director, Board of Directors 7/ /08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRIEN, HOLLY 3607 N. ARMENIA AVE. TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>8/7/22</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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 *Holly O'Brien* as President of TAMPS **Holly O'Brien** Director 7/ /08 (813) 250-0660
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED
08 JUL 21 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

