

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000024075

1. Entity Name
HILLSBOROUGH COUNTY HUMANE SOCIETY, INC.



SECRET
DIVISION OF CORPORATIONS

08 JUL 22 AM 9:11

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

Mailing Address
3607 N. ARMENIA AVENUE
TAMPA, FL 33607

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3727596

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.

Holly O'Brien, Director, Board of Directors

SIGNATURE Holly O'Brien, a President of Hillsborough County Humane Society, Inc. DATE 7/1/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
O
O'BRIEN, HOLLY
3607 N. ARMENIA AVE.
TAMPA, FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600133395716
07/24/08--01031--011 **\$61.25 ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
B 7/22/08 ☐ Change ☐ Addition

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, a President of Hillsborough County Humane Society, Inc. Holly O'Brien, Director 7/1/08 (813) 250-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Holly O'Brien, a President of Hillsborough County Humane Society, Inc.