

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706619

**FILED**  
**Apr 04, 2018**  
**Secretary of State**  
**CC6677420329****Entity Name:** THE HUMANE SOCIETY OF HIGHLANDS COUNTY, FLORIDA,  
INC.**Current Principal Place of Business:**7421 HAYWOOD TAYLOR BLVD  
PO BOX 833 - MAILING ADDRESS  
SEBRING, FL 33871**Current Mailing Address:**PO BOX 833  
SEBRING, FL 33871 US**FEI Number: 59-1104159****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SPIEGEL, JUDY  
7321 HAYWOOD TAYLOR BLVD.  
SEBRING, FL., FL 33876 US*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: JUDY SPIEGEL****04/04/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title P  
Name SPIEGEL, JUDY  
Address PO BOX 833  
City-State-Zip: SEBRING FL 33871Title VP  
Name CLARK, SUE  
Address PO BOX 833  
City-State-Zip: SEBRING FL 33871Title TREASURER  
Name CHILDRESS, LINDA  
Address PO BOX 833  
City-State-Zip: SEBRING FL 33871Title SECRETARY  
Name HANSEN, NICOLE  
Address PO BOX 833  
City-State-Zip: SEBRING FL 33871Title DIRECTOR  
Name STAFFIERI, SUSAN  
Address PO BOX 833  
City-State-Zip: SEBRING FL 33871Title DIRECTOR  
Name POST, JOY  
Address PO BOX 833  
City-State-Zip: SEBRING FL 33871

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JUDY SPIEGEL****PRESIDENT****04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date