

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707212

Entity Name: HUMANE SOCIETY OF PINELLAS, INC.**Current Principal Place of Business:**3040 STATE ROAD 590
CLEARWATER, FL 33759**Current Mailing Address:**3040 STATE ROAD 590
CLEARWATER, FL 33759**FEI Number:** 59-0781650**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANNOUCHE, STACEY
3040 STATE ROAD 590
CLEARWATER, FL 33759 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:** STACEY HANNOUCHE

02/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GORDON, BRENT
Address PO BOX 10338
City-State-Zip: TAMPA FL 33679

Title DIRECTOR
Name LOVETT-DUNN, AMY
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title PRESIDENT ELECT
Name CARLISLE, THOMAS
Address 873 HARBOR HILL DR
City-State-Zip: SAFETY HARBOR FL 34695

Title PRESIDENT
Name KIM , MAHONEY
Address 3040 STATE ROAD 590
City-State-Zip: CLEARWATER FL 33759

Title TREASURER, SECRETARY
Name OLDS, SUSAN
Address 1278 CLAYS TRAIL
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name SIKA, STEVE
Address 600 BYPASS DR
City-State-Zip: CLEARWATER FL 33764

Title CEO
Name HANNOUCHE, STACEY
Address 3040 STATE ROAD 590
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name HENWOOD, HELEN
Address 2302 EATON COURT
City-State-Zip: SAFETY HARBOR FL 34695

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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: STACEY HANNOUCHE**EXECUTIVE DIRECTOR**

02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SAGE, MARK
Address	3030 N. ROCKY POINT DR., SUITE 150
City-State-Zip:	TAMPA FL 33607