

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709921

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC0785892432**

**Entity Name:** THE HUMANE SOCIETY OF THE NATURE COAST, INC.

**Current Principal Place of Business:**

7200 MOBLEY RD.  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

P.O. BOX 10328  
BROOKSVILLE,, FL 34603

**FEI Number: 59-1094757**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MICHELE CURTIS  
10539 CHALMER STREET  
SPRING HILL, FL 34609 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name MONTANTE, PAUL  
Address 7910 WILLOW BROOK  
City-State-Zip: HUDSON FL 34667

Title TREASURER  
Name MORRELL, SHARLENE  
Address 5171 BONE LANE  
City-State-Zip: BROOKSVILLE FL 34601

Title SECRETARY  
Name CURTIS, MICHELE  
Address 10539 CHALMER STREET  
City-State-Zip: SPRING HILL FL 34609

Title PRESIDENT  
Name JUDGE, LISA  
Address 7308 MILFORD CT  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name DIETRICH, CYNTHIA  
Address 18010 FORT DADE AVENUE  
City-State-Zip: BROOKSVILLE, FL 34601

Title DIRECTOR  
Name LOVE, KELLY  
Address 1326 BENTLEY AVENUE  
City-State-Zip: SPRING HILL FL 34608

Title DIRECTOR  
Name WEBB, JEFF  
Address 6254 BRISTOL LANE  
City-State-Zip: SPRING HILL FL 34609

*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: LISA JUDGE**

**PRESIDENT**

**02/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date