

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731973

**Entity Name:** HUMANE SOCIETY OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

11 N EUSTIS ST  
EUSTIS, FL 32726

**FILED**  
**Jan 23, 2013**  
**Secretary of State**  
**CC9688031154**

**Current Mailing Address:**

PO BOX 1904  
EUSTIS, FL 32727-1904

**FEI Number: 59-1602575**

**Certificate of Status Desired: Yes**

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

WEATHERFORD, JOHN D  
910 SOUTH BAY STREET  
EUSTIS, FL 32726-4893 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 PD  
Name SONIETZ, LISA  
Address 11333 GROVE ST.  
City-State-Zip: LEESBURG FL 34788

Title D, TREASURER  
Name LOVE, BARBARA  
Address 16400 PERU RD  
City-State-Zip: UMATILLA FL 32784

Title VD  
Name KLEIN, ANGIE  
Address 36719 SUNDANCE DR.  
City-State-Zip: GRAND ISLAND FL 32735

Title S  
Name MASTROGIACOMO, SHERRY  
Address P O BOX 514  
City-State-Zip: SORRENTO FL 32776-0514

Title D  
Name POWELL, DEBORAH  
Address 9705-21 HICKORY HOLLOW RD.  
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR  
Name HURLEY, PENNY  
Address 18725 MEADOWWIND LANE  
City-State-Zip: ALTOONA FL 32702

*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 SONIETZ**

**PRESIDENT**

**01/23/2013**

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

\_\_\_\_\_  
Date