

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745226

Entity Name: THE HUMANE SOCIETY OF CITRUS COUNTY, FLORIDA, INC.**Current Principal Place of Business:**751 S SMITH AVE
INVERNESS, FL 34451**Current Mailing Address:**P.O. BOX 2283
INVERNESS, FL 34451 US**FEI Number: 59-1932704****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JACOBSON, MELISSA
10822 S. DARCEY PATH
FLORAL CITY, FL 34436 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	P
Name	JACOBSON, MELISSA
Address	10822 S DARCEY PATH
City-State-Zip:	FLORAL CITY FL 34436

Title	VP
Name	CURTIS, KARRON
Address	9132 S KIMBERLY CIR
City-State-Zip:	FLORAL CITY FL 34436

Title	D
Name	LINDSKOG, BETTY
Address	751 S SMITH AVE
City-State-Zip:	INVERNESS FL 34451

Title	S
Name	SMITH, KIM
Address	3620 S DIAMOND AVE
City-State-Zip:	INVERNESS FL 34452

Title	D
Name	JACOBSON, JAMES
Address	10822 S DARCEY PATH
City-State-Zip:	FLORAL CITY FL 34436

Title	T
Name	ANDRIAN, BONNIE
Address	10821 S DARCEY PATH
City-State-Zip:	FLORAL CITY FL 34436

Title	DIRECTOR
Name	TRUMP, CATHERINE A
Address	10739 E IRENE ST
City-State-Zip:	INVERNESS FL 34450

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: BONNIE ANDRIAN**TREASURER****01/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date