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95 MAY -1 PH 3: 19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 702462 (3)

1. Corporation Name

LEON COUNTY HUMANE SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1160 CAPITAL CIRCLE S.E.
TALLAHASSEE FL 32301-3832

Mailing Address
1160 CAPITAL CIRCLE S.E.
TALLAHASSEE FL 32301-3832
US

3. Date Incorporated or Qualified 05/22/1961	3a. Date of Last Report 02/23/1994
4. FEI Number 59-6138275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**AUSLEY MARGARET B.
MACFARLANCE, AUSLEY, MCMULLAN LAW FIRM
227 S. CALHOUN ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	30801518135
83	-06/20/95--01110-811
	*****61.25 *****61.25
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BARNETT, HUNTER
STREET ADDRESS	2335 LAKE HERITAGE DR
CITY - ST - ZIP	TALLAHASSEE FL 32311
TITLE	VD
NAME	OLIN, JANET
STREET ADDRESS	1612 HASOSAW NENE
CITY - ST - ZIP	TALLAHASSEE FL 32301
TITLE	TD
NAME	ALLISON, HARVEY
STREET ADDRESS	ROUTE 7 BOX 1074
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	SD
NAME	FENN, STACY
STREET ADDRESS	2750 OLD ST. AUGUSTINE, P-157
CITY - ST - ZIP	TALLAHASSEE FL 32301
TITLE	D
NAME	FERRELL, RAY
STREET ADDRESS	8812 COACH ROAD
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	D
NAME	GREEN, ANGELA
STREET ADDRESS	3128 WHIRLAWAY TRAIL
CITY - ST - ZIP	TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	OLIN, JANET
13 STREET ADDRESS	1612 HASOSAW NENE
14 CITY - ST - ZIP	TALLAHASSEE, FL 32301
21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BARNETT, HUNTER
23 STREET ADDRESS	2335 LAKE HERITAGE DR.
24 CITY - ST - ZIP	TALLAHASSEE, FL 32311
31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HARVEY, ALLISON
33 STREET ADDRESS	16041 SUNRAY ROAD
34 CITY - ST - ZIP	TALLAHASSEE, FL 32308
41 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CHRIS JARVIS
43 STREET ADDRESS	8019 BLUE SMOKE DRIVE
44 CITY - ST - ZIP	TALLAHASSEE, FL 32312
51 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	PATTY LANG
53 STREET ADDRESS	3297 GALIA DRIVE
54 CITY - ST - ZIP	TALLAHASSEE, FL 32308
61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	NANCY VALERY
63 STREET ADDRESS	2222 GLENWOOD LANE
64 CITY - ST - ZIP	TALLAHASSEE, FL 32308

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided by Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, if on an attachment with my address.

SIGNATURE: _____ **1/15/95** **488-1350**
Signature and typed or printed name of signing officer or director (Date) (Phone Number)