

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 702.462**  
 1. Corporation Name  
**LEON COUNTY HUMANE SOCIETY**

|  |                                |
|--|--------------------------------|
| Principal Place of Business<br><b>1160 Capital Circle SE<br/>Tallahassee, FL 32301</b> | Mailing Address<br><b>same</b> |
|--|--------------------------------|

|  |                     |  |  |
|--|---------------------|--|--|
| 2. Principal Place of Business   | 2a. Mailing Address | 3. Date Incorporated or Qualified                        | 3a. Date of Last Report  |
| 21   | 26 <b>same</b>      | <b>5/20/61</b>   | <b>5/1/95</b>  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. | 4. FEI Number  | Applied For  |
| 22   | 27                  | <b>59-6138275</b>  | <input type="checkbox"/> Not Applicable                        |
| City & State   | City & State        | 5. Certificate of Status Desired                         | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 23   | 28                  | 6. Election Campaign Financing Trust Fund Contribution   | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |
| Zip  | Country             | Zip  | Country  |
| 24   | 25 <b>Leon</b>      | 29   | 30 <b>Leon</b>   |
| 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |   |  |    |             |
|--|--|--|--|---|--|----|-------------|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent          |  |    |             |
| <b>Margaret Ausley<br/>                 McFarlane, Ausley, McMullan, Lawtin<br/>                 227 S. Calhoun St.<br/>                 Tallahassee, Fla. 32301</b> |  |  |  | 81 Name   |  |    |             |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |    |             |
|  |  |  |  | 83  | <b>900001931089<br/>                 -08/23/96--01067--054</b> |    |             |
|  |  |  |  | 84 City   | <b>***61.25</b>  | FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                 |                       |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |                        |                       |
|----------------------------|-----------------|-----------------------|------------------------|---|-----------------|------------------------|-----------------------|
| TITLE                      | NAME            | STREET ADDRESS        | CITY-ST-ZIP            | TITLE   | NAME            | STREET ADDRESS         | CITY-ST-ZIP           |
| PP                         | OLIN, JANET     | 11612 Hasasaw Nene    | Tallahassee, Fla 32301 | DP  | VALERY, Nancy   | 2222 Glenwood Lane     | Tallahassee, FL 32308 |
|                            |                 |                       |                        |   |                 |                        |                       |
| VD                         | BARNETT, HUNTER | 2335 Lake Heritage Dr | Tallahassee, FL 32311  | VA  | HARVEY, Allison | 6041 Sun Ray Rd        | Tallahassee, FL 32308 |
|                            |                 |                       |                        |   |                 |                        |                       |
| SD                         | HARVEY, Allison | 6041 Sun Ray Rd       | Tallahassee, FL 32308  | SD  | SILVER, Jewel   | 5005 Skerries Ct       | Tall, FL 32308        |
|                            |                 |                       |                        |   |                 |                        |                       |
| SP                         | JARVIS, Chris   | 8019 Blue Smoke Drive | Tallahassee, FL 32312  | TD  | LANG, PATTY     | 3287 Garcia Drive      | Tallahassee, FL 32308 |
|                            |                 |                       |                        |   |                 |                        |                       |
| D                          | LANG, PATTY     | 3287 Garcia Drive     | Tallahassee, FL 32308  | D   | BELL, Nancy     | 228 MacLain Rd         | Tallahassee, FL 32312 |
|                            |                 |                       |                        |   |                 |                        |                       |
| D                          | VALERY, Nancy   | 2222 Glenwood Lane    | Tall, FL 32308         | D   | HARPER, Lewis   | 2097 Tallahassee Trail | Tallahassee, FL 32333 |
|                            |                 |                       |                        |   |                 |                        |                       |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(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 my 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 file the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. W. Valery DATE: 8/23/96 904 297-6943

CR2E037 (3/96)