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FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702462 (3)
1. Corporation Name
LEON COUNTY HUMANE SOCIETY, INC.



Principal Place of Business 1180 CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301-3832	Mailing Address 1180 CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301-3832
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3. Date Incorporated or Qualified 05/22/1961	3a. Date of Last Report 08/23/1996
4. FEI Number 59-6138275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 743 E. Tennessee St.	2a. Mailing Address 26 same
Suite, Apt. #, etc. 22 ---	Suite, Apt. #, etc. 27 ---
City & State 23 Tallahassee, Fla.	City & State 28 ---
Zip 24 32308	Country 25 Leon
Zip 29 ---	Country 30 ---

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 same 82 Street Address (P.O. Box Number is Not Acceptable) --- 83 --- 84 City FL 85 Zip Code ---
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VALERY, NANCY	
STREET ADDRESS	2222 GLENWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARVEY, ALLISON	
STREET ADDRESS	16041 SUN RAY RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SILVEY, JUNELLA	
STREET ADDRESS	5005 SKERRIES CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANG, PATTY	
STREET ADDRESS	3287 GARCIA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, NANCY	
STREET ADDRESS	1228 MACLAY RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARPER, LEWIS	
STREET ADDRESS	2097 TALLAVANNA RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32333	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARVEY, Allison	
1.3 STREET ADDRESS	16041 Sun Ray Rd	
1.4 CITY-ST-ZIP	Tallahassee, Florida 32308	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARPER, LEWIS	
2.3 STREET ADDRESS	2097 TALLAVANNA RD	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32333	
3.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Silvey, Junella	
3.3 STREET ADDRESS	5005 Skerries Ct.	
3.4 CITY-ST-ZIP	Tallahassee, Fla 32308	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Valery, Nancy	
4.3 STREET ADDRESS	2222 Glenwood Lane	
4.4 CITY-ST-ZIP	Tallahassee, Fla 32308	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	← same	
5.3 STREET ADDRESS	---	
5.4 CITY-ST-ZIP	---	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lazarus, Mark	
6.3 STREET ADDRESS	4260 Kimberly Circle	
6.4 CITY-ST-ZIP	Tallahassee, Fla 32308	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 execute this 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 _____ TREASURER

CR2E037 (9/96)