


FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>743 E. TENNESSEE ST TALLAHASSEE FL 32308 US</b>	Mailing Address <b>743 E. TENNESSEE ST TALLAHASSEE FL 32308 US</b>
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3. Date Incorporated or Qualified <b>05/22/1961</b>
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4. FEI Number <b>59-6138275</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>AUSLEY MARGARET B. MACFARLANE, AUSLEY, MCMULLAN LAW FIRM 227 S. CALHOUN ST. TALLAHASSEE FL 32301</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HARVEY, ALLISON</b>
STREET ADDRESS	<b>16041 SUN RAY RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HARPER, LEWIS</b>
STREET ADDRESS	<b>2097 TALLAVANNA RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SILVEY, JUNELLA</b>
STREET ADDRESS	<b>5005 SKERRIES CT</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>VALERY, NANCY</b>
STREET ADDRESS	<b>2222 GLENWOOD LANE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BELL, NANCY</b>
STREET ADDRESS	<b>1228 MACLAY RD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAZARUS, MARK</b>
STREET ADDRESS	<b>4260 KIMBERLY CIRCLE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KOCH, JOAN</b>
1.3 STREET ADDRESS	<b>1523 BOWMAN DRIVE</b>
1.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>
2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BELL, NANCY</b>
2.3 STREET ADDRESS	<b>1228 MACLAY RD</b>
2.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>
3.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SAME</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SAME</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>McMaster, Sharon</b>
5.3 STREET ADDRESS	<b>2318 Jim Lee Rd</b>
5.4 CITY-ST-ZIP	<b>Tallahassee, Fla 32301</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Laing, Rhonda</b>
6.3 STREET ADDRESS	<b>Rt 4, Box 890-B</b>
6.4 CITY-ST-ZIP	<b>Havana, Fla. 32333</b>

14. I 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: *Nancy W. Valery* **NANCY W. VALERY** 2/26/98 (850) 671-0543

CR2E037 (1097)