


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90228 046 ****61.25

0006043

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 702462
 1. Corporation Name
LEON COUNTY HUMANE SOCIETY, INC.

Principal Place of Business 743 E. TENNESSEE ST TALLAHASSEE FL 32308 US	Mailing Address 743 E. TENNESSEE ST TALLAHASSEE FL 32308 US
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/22/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6138275
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Nancy Valery 82 Street Address (P.O. Box Number is Not Acceptable) 2222 GLENWOOD LANE 83 84 City Tallahassee FL 85 Zip Code 32308
---	---

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 Nancy W. Valery DATE 2/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	KOCH, JOAN 1523 BOWMAN DR TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	BELL, NANCY 1228 MACLAY RD TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> DELETE	1.2 NAME NANCY BELL 1.3 STREET ADDRESS 1228 MACLAY RD 1.4 CITY-ST-ZIP TALLAHASSEE FL 32312
TITLE S	SILVEY, JUNELLA 5005 SKERRIES CT TALLAHASSEE FL	<input type="checkbox"/> DELETE	2.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	VALERY, NANCY 2222 GLENWOOD LANE TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME MARK LAZARUS 2.3 STREET ADDRESS 4260 Kimberly Circle 2.4 CITY-ST-ZIP Tallahassee FL 32308
TITLE D	MCMASTERS, SHARON 2318 JIM LEE RD TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	LAZARUS, MARK 4260 KIMBERLY CIRCLE TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	3.2 NAME SAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
			4.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME Sharon McMasters 4.3 STREET ADDRESS 2318 Jim Lee Rd 4.4 CITY-ST-ZIP Tallahassee FL 32301
			5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME JOAN KOCH 5.3 STREET ADDRESS 1523 Bowman Dr 5.4 CITY-ST-ZIP Tallahassee FL 32308
			6.1 TITLE Heidi King, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			6.2 NAME 10040 Collins Rd 6.3 STREET ADDRESS Tallahassee FL 32312 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Sharon McMasters** 2/23/99 850-942-9124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)