


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90010 036 \*\*\*\*61.25

<b>DOCUMENT # 702462</b>	
1. Entity Name LEON COUNTY HUMANE SOCIETY, INC.	

Principal Place of Business 413 TIMBERLANE RD TALLAHASSEE, FL 32312	Mailing Address 413 TIMBERLANE RD TALLAHASSEE, FL 32312 US
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34024100



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01132004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-6138275	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARYANSKI, LIZ 7040 SPENCER DRIVE TALLAHASSEE, FL 32312		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SPELLMAN, HELLA
STREET ADDRESS	3112 ORTAGE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D <input type="checkbox"/> Delete
NAME	VALERY, NANCY
STREET ADDRESS	1511 SPRUCE AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	S <input type="checkbox"/> Delete
NAME	SCHIRO, DEBRA
STREET ADDRESS	134 IVERNIA LOOP
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	T <input type="checkbox"/> Delete
NAME	MARYANSKI, LIZ
STREET ADDRESS	7040 SPENCER DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	P <input type="checkbox"/> Delete
NAME	EARL, SARA
STREET ADDRESS	5640 TORTOISE CROSSING
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SMITH, SUE ELLEN
STREET ADDRESS	3784 IVY GREEN TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32311


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3112 Ortega Drive
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ *Continued on page 2* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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*Attachment*  
*94024165*

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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-6138275		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MARYANSKI, LIZ 7040 SPENCER DRIVE TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE _____
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>D SPELLMAN, HELLA 3112 ORTAGE DRIVE TALLAHASSEE, FL 32312</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P Tracey Van Hook 1223 Mitchell Avenue Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>D VALERY, NANCY 1511 SPRUCE AVENUE TALLAHASSEE, FL 32303</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Shaw Stiller 1510 Hasosaw Nene Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>S SCHIRO, DEBRA 134 IVERNIA LOOP TALLAHASSEE, FL 32312</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Lynn Jackson 301 Sweetbriar Drive Tallahassee FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>T MARYANSKI, LIZ 7040 SPENCER DRIVE TALLAHASSEE, FL 32312</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Leslie Dughi 1608 Sauls Street Tallahassee FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>P EARL, SARA 5640 TORTOISE CROSSING TALLAHASSEE, FL 32308</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Rick Cumbie 510 Plantation Road Tallahassee FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>D SMITH, SUE ELLEN 3784 IVY GREEN TRAIL TALLAHASSEE, FL 32311</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Liz Maryanski</i>		Date: <i>2/26/04</i> Daytime Phone #: <i>224-9193</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>