


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90023 028 ****61.25

DOCUMENT # 702462			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARYANSKI, LIZ 1444 VIEUX CARRÉ DRIVE TALLAHASSEE, FL 32308		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	P VAN HOOK, TRACEY 1223 MITCHELL AVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALERY, NANCY 1511 SPRUCE AVENUE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Diana Orrick 1304 Golf Terrace Dr. Tallahassee, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JODY 3218 SEAWOLF DRIVE TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred Tedio 1325 Miccosukee Rd. Tallahassee, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALLER, NICK 413 TIMBERLAKE RD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nick Waller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4024 Shoal Creek Dr. Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, SUSAN 1295 RIDGE ROAD MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Angela Jordan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 775 Eagle View Dr. Tallahassee, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, ANGELA 773 EAGLE VIEW DR. TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lauchlin Waldoch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8509 Little Scenic Lane Tallahassee, FL 32309
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Liz Maryanski</u>		Date: <u>2/11/08</u> Daytime Phone #: <u>(850) 224-193</u>	