

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 26, 2012
Secretary of State**

DOCUMENT# 702462

Entity Name: LEON COUNTY HUMANE SOCIETY, INC.

Current Principal Place of Business:

413 TIMBERLANE RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

413 TIMBERLANE RD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-6138275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, SONYA
413 TIMBERLANE ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: OSTENDORP-HARDIN, KAREN
Address: 413 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: PEEPLES, HEATHER
Address: 413 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: CABRERA, SUSAN
Address: 413 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: OWEN-BRILEY, CINDY
Address: 413 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: PARISI, DAN
Address: 413 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: ED
Name: WHITE, SONYA
Address: 413 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SONYA WHITE

ED

02/26/2012

Electronic Signature of Signing Officer or Director

_____ Date