

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **711688** (2)

1. Corporation Name  
**JACKSONVILLE HUMANE SOCIETY, INC.**



Principal Place of Business Mailing Address  
**8464 BEACH BOULEVARD JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified **10/25/1966** 3a. Date of Last Report **06/23/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-0624410** Applied For Not Applicable

21 Suite Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, RICHARD**  
**8464 BEACH BOULEVARD**  
**JACKSONVILLE FL 32216**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature is required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RICHARD	
STREET ADDRESS	12134 FT CAROLINE RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VITTITON, BARBARA	
STREET ADDRESS	1839 SAMONTEE RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONTALVO, DEBBIE	
STREET ADDRESS	11309 RIVER MOORINGS RD	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, MICHAEL	
STREET ADDRESS	6116 N MAIN ST	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELER, REFIK	
STREET ADDRESS	3640 HEDRICK STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, BONNIE H	
STREET ADDRESS	10287 SHADY CREST LANE	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TYDE, MICHAEL N/A	
2.3 STREET ADDRESS	PO BOX 2151	
2.4 CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32004	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	100001828381	
4.4 CITY - ST - ZIP	-05/20/96--01024--019	
	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Debbie Montalvo* Date: **4-22-96** Daytime Phone #: **724-4824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DEBBIE MONTALVO**

CR2E037 (12/95)