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)
	MANE COCIETY INC	

JACKSONVILLE HUMANE SOCIETY, INC.

Principal Place of Business

Mailing Address



8464 BEACH BOULEVARD JACKSONVILLE FL 32216			8464 BEACH BOULEVARD JACKSONVILLE FL 32216				3. Date Incorporated or Qualified 10/25/1966		3a. Date of Last Report 06/23/1995	
								4. FEI Number	1 00/2	Applied For
2.	Principal Place of Business	-	?a. Mailing Ad ⊐	ddress				59-0624410	ţ	Not Applicable
1		20	<u> </u>					00 0021110	\$8	.75 Additional
Suite Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		1 1 7 -	ee Required			
2	<u>.</u>	2								5.00 May Be
	City & State	ļ_	City & Sta	ate				Election Campaign Financing Trust Fund Contribution		dded to Fees
23		2	8							
_	Zip Country	\perp	Zip		\vdash	untry		This corporation has liability for in Florida Statutes	tangibie tax uno]Yes ☐No	er 5. 189.002;
24	25		9		30			10. Name and Address of New Re	gistered Agen	
	Name and Address of Current Registered Agent						Name	To. Harris and To.		
	•					81				
WILLIAMS, RICHARD					82	Street Addi	Street Address (P.O. Box Number is Not Acceptable)			
8464 BEACH BOULEVARD JACKSONVILLE FL 32216										
				83						
	JACKSONVILLE PL SZZTO					B4	City		85	Zip Code
						1 -			FL 🗠	
1	Pursuant to the provisions of Sections 617.0502 or registered agent, or both, in the State of Flori familiar with, and accept the obligations of, Sections					corp	named corpo oration's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing intment as regis	g its registered office tered agent. I am
S	SIGNATURE		ato Loroni cabilo		TF Registers	ed Auri	nt signat ire require	a when reinstating)	DATE	
	Stonature: Typed or printed name of registered agent	Buich to	tre rapphycanic	f. a.s.				TO OFFI	OCCUS AND IND	ECTORS IN 12

12	102 ()						
TITLE PD DELETE TITLE PD DELETE TITLE PD DELETE TITLE PD DELETE TITLE PD DELETE TITLE TITL	SIGNATURE _	consture. Nined or printed name of registered agent and title. Lapplicable	(NOTE Regis	tered Agent signal ire rec	quired when reinstaining)		S IN 12
TITLE		OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE		Maddion .
NAME STREET ADDRESS 12134 FT CAROLINE RD 12 STREET ADDRESS 12 CITY-ST-ZPP JACKSONVILLE FL Change Addition			LETE 1	I.1 TITLE		Change	☐ Addition
13 STREET ADDRESS 12134 FT CAROLINE RD 13 STREET ADDRESS 14 CITY-ST-ZIP JACKSONVILLE FL JA		· ·	1	1.2 NAME			
TITLE SD		10104 ET CAPOLINE RD		1.3 STREET ADDRESS			
TITLE	1			1.4 CHY-ST-ZIP			
NAME STREET ADDRESS 1839 SAMONTEE RD 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP DAVIS, MICAHEL MONTVALO, DEBBIE MONTVALO, DEB			ELETE :	2 1 TITLE	VD	☐ Change	Addition
NAME		3 0 / 1		2 2 NAME	TYDE MICHAEL M	/A	
NAME	1			2.3 STREET ADDRESS	PO BOX 2151	.	- 1
NAME	STREET ADDRESS			2 A CITY - ST - 7IP	PONTE YEDRA BEACH,	FL 32	004
NAME MONTVALO, DEBBIE 32 NAME 33 STREET ADDRESS 11309 RIVER MOORINGS RD 34 CITY-ST-ZIP JACKSONVILLE, FL 00000 MOELETE 41 TITLE					TD	Change	Addition
MONTVALU, DEBIE STREET ADDRESS 11309 RIVER MOORINGS RD JACKSONVILLE, FL 00000 TITLE VD NAME DAVIS, MICAHEL STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 DELETE A1 TITLE VD Addition TITLE VD NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 DELETE TITLE VD NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 DELETE S1 TITLE S1 T		VD	1			•	
Title VD	NAME						
City-st-ZiP	STREET ADORESS		The state of the s				
NAME DAVIS, MICAHEL 4.2 NAME 4.3 STREET ADDRESS 6116 N MAIN ST 4.4 CITY-ST-ZIP JACKSONVILLE, FL 00000 Addition	CITY-ST-ZIP					☐ Change	Addition
DITY-S"-ZIP	TITLE	YU /	la contraction of the contractio		1,0000192	9221	
Change	NAME		•		00 700 700 0102	M019	
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ELER, REFIK STREET ADDRESS CITY-SI-ZIP JACKSONVILLE FL TD SMITH, BONNIE H 52 NAME 53 STREET ADDRESS 54 CITY-SI-ZIP 61 TILE 5D 62 NAME	CITY-S"-ZIP	JACKSONVILLE, FL 00000	DELETE		***61.25	Change	Addition
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TD NAME SMITH, BONNIE H S3640 HEDRICK STREET 53 STREET ADDRESS 54 CITY-ST-ZIP 54 CITY-ST-ZIP 61 TILE 5D 62 NAME	TITLE	VD A	DELETE	-			
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CHANGE SMITH, BONNIE H	STREET ADDRESS	3640 HEDRICK STREET		• • • • • • • • • • • • • • • • • • • •			
TITLE TD LIDELETE 61TITLE 5D NAME SMITH, BONNIE H 52 NAME	CITY-ST-ZIP	JACKSONVILLE FL				Change	Addition
NAME SMITH, BUNINE II			DELETE	•	SD		Γ
0.0 CYCCCY 1000CCC	NAME	SMITH, BONNIE H					\mathcal{M} .
STREET ADDRESS 10287 SHADY CREST LANE	STREET ADDRESS	10287 SHADY CREST LANE		6 3 STREET ADORESS			10/1
CITY-ST-ZIP JACKSONVILLE FL 64 CITY-ST-ZIP 64 CITY-ST-ZIP JACKSONVILLE FL 64 CITY-ST-ZIP JACK				64 CITY - ST - ZIP	It for the exemption stated in Section 119.0	7(3)(k). Florida Statu	tes. I further

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 certify that the information indicated on this annual report 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: -

Soldie Mantalvo GNATURE AND TYPED OFFRINTED NAME OF SKINING OFFICER OR DIRECTOR