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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711688

1. Corporation Name
JACKSONVILLE HUMANE SOCIETY, INC.

Principal Place of Business 8464 BEACH BOULEVARD JACKSONVILLE FL 32216	Mailing Address 8464 BEACH BOULEVARD JACKSONVILLE FL 32216
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/25/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0624410
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, RICHARD
8464 BEACH BOULEVARD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name **TYDE, MICHAEL S.**

82 S: **4004 ATLANTIC BLVD.**

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84 City **JACKSONVILLE** FL 85 **32207**

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 *Michael S Tyde* DATE **4/28/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TYDE, MICHAEL	
STREET ADDRESS	4604 ATLANTIC BLVD, #1B	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TYDE, MICHAEL	
STREET ADDRESS	P.O. BOX 2151 N/A	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, MARY LOUISE	
STREET ADDRESS	639 QUEENS HARBOR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ELER, REFIK	
STREET ADDRESS	3601 KERNAN BLVD, #1932	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32224	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	SAYER, OLIVIA	
STREET ADDRESS	8464 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TYDE, MICHAEL S.	
1.3 STREET ADDRESS	4004 ATLANTIC BLVD.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32207	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOAG, DEBORRAH	
2.3 STREET ADDRESS	727 EGRET BLUFF LANE	
2.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32211	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DUCLOS, MIKE	
3.3 STREET ADDRESS	12877 ELLIS ISLAND DRIVE	
3.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32224	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAYER, OLIVIA	
4.3 STREET ADDRESS	P.O. BOX 350577	
4.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32235-0577	
5.1 TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WHITE, SONYA	
5.3 STREET ADDRESS	8464 BEACH BLVD.	
5.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32216	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Sonya White* **SONYA WHITE EXECUTIVE DIRECTOR** DATE: **04/26/1999** (904) 725-8766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4-27-99** DAYTIME PHONE #: **725-8766**

CR2E037 (11/98)