


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90050 020 \*\*\*\*61.25

<b>DOCUMENT # 711688</b>	
<b>1. Entity Name</b> JACKSONVILLE HUMANE SOCIETY, INC.	

<b>Principal Place of Business</b> 8464 BEACH BOULEVARD JACKSONVILLE FL 32216	<b>Mailing Address</b> 8464 BEACH BOULEVARD JACKSONVILLE FL 32216
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-0624410	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  TYDE, MICHAEL S 4004 ATLANTIC BLVD. JACKSONVILLE FL 32207	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address _____ City _____ FL Zip Code _____
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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> TYDE, MICHAEL <b>STREET ADDRESS</b> 4004 ATLANTIC BLVD. <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> SHEDDAN, LEONA <b>STREET ADDRESS</b> 2010 SHADOW LANE <b>CITY-ST-ZIP</b> NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> PEPPER, DAVID <b>STREET ADDRESS</b> 215 CENTURY 21 DR <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VD <b>NAME</b> DRAYTON, CHUCK <b>STREET ADDRESS</b> 76 SOUTH LAURA ST. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> PHILLIPS, CRAIG <b>STREET ADDRESS</b> 9004 DEERCRESS CT <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> DIAMOND, ELIZABETH <b>STREET ADDRESS</b> 11459 FT GEORGE RD <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32226	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> ED <b>NAME</b> WHITE, SONYA <b>STREET ADDRESS</b> 8464 BEACH BLVD <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** 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 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:** Sonya White, Executive Director 2/4/04 904-725-8766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #