

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2005 8:00 am
Secretary of State

04-25-2005 90239 045 ****61.25

DOCUMENT # 711688	
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number 59-0624410	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TYDE, MICHAEL S 4004 ATLANTIC BLVD. JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEDDAN, LEONA	NAME	
STREET ADDRESS	2010 SHADOW LANE	STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAYTON, CHUCK	NAME	
STREET ADDRESS	76 SOUTH LAURA ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, CRAIG	NAME	TD Bob Schachter
STREET ADDRESS	9004 DEERCRESS CT	STREET ADDRESS	1241 Queens Harbor Dr
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, ELIZABETH	NAME	SD Karen Bowling
STREET ADDRESS	11459 FT GEORGE RD	STREET ADDRESS	13650 Shipwatch Dr
CITY-ST-ZIP	JACKSONVILLE FL 32226	CITY-ST-ZIP	Jacksonville FL 32225
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Executive Director
STREET ADDRESS		STREET ADDRESS	Joseph G. Cannon
CITY-ST-ZIP		CITY-ST-ZIP	7210 Ramoth Dr
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Joseph G Cannon **Joseph G Cannon** 4-20-05 904-225-8746 #204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #