2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 17, 2006 8:00 am Secretary of State **DOCUMENT # 711688** 1. Entity Name 02-17-2006 90081 018 ****61.25 JACKSONVILLE HUMANE SOCIETY, INC. Principal Place of Business Mailing Address 8464 BEACH BOULEVARD JACKSONVILLE FL 32216 8464 BEACH BOULEVARD JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-0624410 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TYDE, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 4004 ATLANTIC BLVD. JACKSONVILLE FL 32207 City 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) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHEDDAN, LEONA NAME NAME 2010 SHADOW LANE STREET ADDRESS STREET ADDRESS NEPTUNE BEACH FL 32266 CITY-ST-ZIP CITY-ST-ZIP TITLE VD 👿 Delete TITLE Change ☐ Addition DRAYTON, CHUCK Karen Bowling 13650 Shipwatch Dr NAME NAME STREET ADDRESS 76 SOUTH LAURA ST STREET ADDRESS Jacksmulle 71 30225 JACKSONVILLE FL 32202 CITY-ST-ZIP CITY - ST - ZIP TITLE Defete TITLE \mathcal{D} ☐ Addition NAME SCHACHTER, BOB NAME STREET ADDRESS 1241 QUEENS HARBOR DR STREET ADDRESS 32082 JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition NAME BOWLING, KAREN NAME STREET ADDRESS STREET ADDRESS 13650 SHIPWATCH DR JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CANNON, JOSEPH G NAME NAME 7210 RAMOTH DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP CITY-ST-Z(P TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CITY-ST-ZIP

CITY-ST-ZIP

Joseph G. Cannon 2/6/06

ExT # 203 904-725-8766

FILED