

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90032 044 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-0624410

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEDDAN, LEONA
8464 BEACH BLVD
JACKSONVILLE FL 32216

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOWLING, KAREN ☐ Delete
STREET ADDRESS 13650 SHIPWATCH DRIVE
CITY- ST- ZIP JACKSONVILLE FL 32225

TITLE VD
NAME DIAMOND, ELIZABETH ☐ Delete
STREET ADDRESS 11459 FORT GEORGE ROAD
CITY- ST- ZIP JACKSONVILLE FL 32226

TITLE TD ☒ Delete
NAME DORNBLASER, STUART
STREET ADDRESS 2801 S. PONTE VEDRA BLVD.
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE SD ☐ Delete
NAME SAYER, OLIVIA
STREET ADDRESS P.O. BOX 350577
CITY- ST- ZIP JACKSONVILLE FL 32235

TITLE ED ☐ Delete
NAME SHEDDAN, LEONA
STREET ADDRESS 2010 SHADOW LANE
CITY- ST- ZIP NEPTUNE BEACH FL 32266

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Diamond, Elizabeth
STREET ADDRESS 11459 Fort George Rd
CITY- ST- ZIP Jacksonville FL 32226

TITLE VD ☒ Change ☐ Addition
NAME Bowling, Karen
STREET ADDRESS 13650 Shipwatch Dr.
CITY- ST- ZIP Jacksonville FL 32225

TITLE TD ☐ Change ☒ Addition
NAME Wilmoth, Kim
STREET ADDRESS 2317 Blanding Blvd
CITY- ST- ZIP Jacksonville FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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.

SIGNATURE: *Leona Shedd* Leona Shedd 4/4/08 904-725-8766 #200