## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 7-1-1688  1. Entity Name  JACKSONVILLE HUMANE SOCIETY, INC.					03 APR 2	EED 8 AM 8:5			
8464 BEACH BOULEVARD 84		Mailing Address 8464 BEACH BOULEVARD JACKSONVILLE FL 32216		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	3. Mailing Address	ing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 50	-0624410	<del> </del>	oplied For of Applicable	-	
Zip Country		Zip	Zip Cou		5. Certificate of Status Desired See Required \$8.75 Addition Fee Required				
	6. Name and Address of Current F	Registered Agent		T	7. Name and Add	ress of New Regi	stered Agent		1
-				Name					1
TYDE, MICHAEL S 4004 ATLANTIC BLVD.				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32207				City Zip Code			e	]	
				City FL Zip Code					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis  FILE NOW: FEE IS \$61.25  9. Election Campaig  Trust Fund Contrib				~ —	\$5.00 May Be Added to Fees		Check Payable Department of S		-
10.	OFFICERS AND DIRI	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS	AND-DIDECTORS IN	10	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYDE, MICHAEL 4004 ATLANTIC BLVD. JACKSONVILLE FL 32207	Delete	TITL NAM STRE				Change 1558 01 **1653.	D Addition	DE0/37 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEPPER, DAVID 215 CENTURY 21 DR JACKSONVILLE FL 32216	, □ Delete				·	☐ Change	Addition	è
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS, CRAIG 9004 DEERCRESS CT JACKSONVILLE FL 32256	☐ Delete		i i			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAMOND, ELIZABETH 11459 FT GEORGE RD JACKSONVILLE FL 32226	□ Delete		I			☐ Change	Addition	
TITLE Name Street address City-St-Zip	ED WHITE, SONYA 8464 BEACH BLVD JACKSONVILLE FL 32216	☐ Delete		,			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with t	Delete	CITY	E ET ADDRESS - ST-ZIP	Paction 110 07/2\(\dagger\) []-	vida Statutos 15 -	Change	Addition	7

2. 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:

Sauceuodiagured

4-24-03 904-725-8740

in or all the tayethy.



## **Division of Corporations**

## Receipt

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