

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:06

DOCUMENT # **NO4958** (7)

1. Corporation Name
JEFFERSON COUNTY HUMANE SOCIETY, INC.

Principal Place of Business Mailing Address
MAMIE SCOTT ROAD **MAMIE SCOTT ROAD**
P.O. BOX 559 **P.O. BOX 559**
MONTICELLO FL 32345-0533 **MONTICELLO FL 32345-0533**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **09/04/1984** 3a. Date of Last Report **04/15/1994**
4. FEI Number **59-2507088** Applied For Not Applicable
5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
REICHMAN, MICHAEL A.
380 N. JEFFERSON ST.
MONTICELLO FL 32344

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, SONYA
STREET ADDRESS	PO BOX 38064 N/A
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	TD
NAME	HENRIKSON, SUSAN
STREET ADDRESS	ROUTE 1, BOX 110-F
CITY- ST- ZIP	LAMONT FL
TITLE	V
NAME	WALDEN, GRETCHEN
STREET ADDRESS	RT 4 BOX 4801
CITY- ST- ZIP	MONTICELLO FL
TITLE	PD
NAME	SAUER, MARY ANN
STREET ADDRESS	RT 4 BOX 4229
CITY- ST- ZIP	MONTICELLO, FL 32344
TITLE	S
NAME	KETNER, ARLENE VON
STREET ADDRESS	RT 4 BOX 4288
CITY- ST- ZIP	MONTICELLO FL
TITLE	D
NAME	SAUER, DICK
STREET ADDRESS	RT 4 BOX 4229
CITY- ST- ZIP	MONTICELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		32315
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		32336
3.1 TITLE	V.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wheeler, Carla	
5.3 STREET ADDRESS	Rt. 1, Box 176	
5.4 CITY- ST- ZIP	Monticello, FL 32344	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Duval, Michelle	
6.3 STREET ADDRESS	Rt. 3, Box 48-A	
6.4 CITY- ST- ZIP	Greenville, FL 32331	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan R. Henrikson 3-17-95 904/997-8436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/ Month / Year