

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 05 1998 8:00am  
 Secretary of State

0011803

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04958 (7)**  
 1. Corporation Name  
**JEFFERSON COUNTY HUMANE SOCIETY, INC.**



Principal Place of Business <b>MAMIE SCOTT ROAD P.O. BOX 559 MONTICELLO FL 32345-0533</b>	Mailing Address <b>MAMIE SCOTT ROAD P.O. BOX 559 MONTICELLO FL 32345-0533</b>
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3. Date Incorporated or Qualified  
**09/04/1984**

4. FEI Number  
**59-2507088**

Applied For	Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENRIKSON, SUSAN</b>	1.2 NAME	<b>RUTH SCHMIDT</b>
STREET ADDRESS	<b>ROUTE 1, BOX 110-F</b>	1.3 STREET ADDRESS	<b>RT 1, BOX 217</b>
CITY-ST-ZIP	<b>LAMONT FL</b>	1.4 CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALDEN, GRETCHEN</b>	2.2 NAME	<b>HOLLY LAMBERT</b>
STREET ADDRESS	<b>RT 4 BOX 4801</b>	2.3 STREET ADDRESS	<b>RT 1, BOX 217</b>
CITY-ST-ZIP	<b>MONTICELLO FL</b>	2.4 CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAUER, MARY ANN</b>	3.2 NAME	<b>CLOE STRELOW</b>
STREET ADDRESS	<b>RT 4 BOX 4229</b>	3.3 STREET ADDRESS	<b>RT 4, BOX 40125</b>
CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>	3.4 CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHEELER, CARLA</b>	4.2 NAME	<b>Jerry Hocking</b>
STREET ADDRESS	<b>RT 1 BOX 178</b>	4.3 STREET ADDRESS	<b>RT 3 Box 103-B</b>
CITY-ST-ZIP	<b>MONTICELLO FL</b>	4.4 CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUVAL, MICHELE</b>	5.2 NAME	<b>300002610603</b>
STREET ADDRESS	<b>RT 3 BOX 48-A</b>	5.3 STREET ADDRESS	<b>-08/07/98--01054--012</b>
CITY-ST-ZIP	<b>GREENVILLE FL</b>	5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Ruth R. Schmidt Date: July 14, 1998 Daytime Phone #: 997-5824

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CR2E037 (5/98)