


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90106 006 ****61.25

UB0524-1

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N04958

1. Corporation Name
JEFFERSON COUNTY HUMANE SOCIETY, INC.

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/04/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2507088
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRIKSON, SUSAN	1.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 110-F	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAMONT FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, RUTH	2.2 NAME	
STREET ADDRESS	RT 1, BOX 217	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUER, MARY ANN	3.2 NAME	
STREET ADDRESS	RT 4 BOX 4229	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO, FL 32344	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, HOLLY	4.2 NAME	
STREET ADDRESS	RT 1, BOX 217	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRELOW, CLOE	5.2 NAME	
STREET ADDRESS	RT. 4, BOX 40125	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCKING, JERRY	6.2 NAME	
STREET ADDRESS	RT 2, BOX 163-B	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	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)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Hocking 3/10/99 850-997-6253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)