

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2004
Secretary of State**

DOCUMENT# N04958

Entity Name: JEFFERSON COUNTY HUMANE SOCIETY, INC.

Current Principal Place of Business:

New Principal Place of Business:

1250 MAMIE SCOTT DR.
MONTICELLO, FL 32344 US

Current Mailing Address:

New Mailing Address:

P.O. BOX 559
MONTICELLO, FL 323450559 US

FEI Number: 59-2507088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REICHMAN, MICHAEL A.
380 N. JEFFERSON ST.
MONTICELLO, FL 32344 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: DOLLAR-AMES, TINA
Address: ROUTE 2, BOX 122M
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: TAYLOR, SUSAN
Address: 1295 RIDGE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD () Delete
Name: PERTIERRA, BETSY
Address: 12 TURKEY ROAST DRIVE
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: WATSON, GUERY
Address: PO BOX 559
City-St-Zip: MONTICELLO, FL 32345

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: TAYLOR, DANNY
Address: 1295 RIDGE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: REICHMAN, MICHAEL
Address: 380 N. JEFFERSON ST.
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. REICHMAN

DIRE

05/03/2004

Electronic Signature of Signing Officer or Director

_____ Date