


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90396 027 ****61.25

DOCUMENT # N04958
 1. Entity Name
JEFFERSON COUNTY HUMANE SOCIETY, INC.



Principal Place of Business Mailing Address
 1250 MAMIE SCOTT DR. P.O. BOX 559
 MONTICELLO FL 32344 MONTICELLO FL 32345-0559
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2507088 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 Name: **MARGARET McMURRAY**
 Street Address (P.O. Box Number is Not Acceptable): **440 W. WASHINGTON ST.**
 City: **MONTICELLO** State: **FL** Zip Code: **32344**

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Margaret McMurray* DATE: **4/6/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM AMES, TINA 492 COX ROAD MONTICELLO FL 32344	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANADY, LELAND 1136 SPRINGFIELD RD MONTICELLO FL 32344	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARSWELL, CAROLINA P.O. BOX 508 MONTICELLO FL 32345	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CANADY, MARTHA 1136 SPRINGFIELD RD MONTICELLO FL 32345	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSWELL, GEORGE P.O. BOX 508 MONTICELLO FL 32345	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHMAN, MICHAEL 380 N. JEFFERSON ST. MONTICELLO FL 32344	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY HELEN RINGE 13 BALMES ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGARET McMURRAY 440 W. WASHINGTON ST MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARSWELL, CAROLINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALITA JEAN MARTIN 1046 INDIAN HILLS MONTICELLO, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGELA HENDERSON 7396 OLD LLOYD ROAD MONTICELLO FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Margaret McMurray* DATE: **4/6/06** ID: **850-545-1840**