


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04958 1. Entity Name JEFFERSON COUNTY HUMANE SOCIETY, INC.	
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Principal Place of Business 1250 MAMIE SCOTT DR. MONTICELLO, FL 32344 US	Mailing Address P.O. BOX 559 MONTICELLO, FL 32345-0559 US
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01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2507088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCMURRAY, MARGARET 440 W WASHINGTON ST MONTICELLO, FL 32344

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RINGE, MALY HELEN
STREET ADDRESS	13 BALNES ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	T
NAME	MCMURRAY, MARGARET
STREET ADDRESS	440 W WASHINGTON ST
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	PD
NAME	CARSWELL, CAROLINE
STREET ADDRESS	P.O. BOX 508
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	VP
NAME	MARTIN, MARTHA JEAN
STREET ADDRESS	1046 INDIAN HILLS
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	CARSWELL, GEORGE
STREET ADDRESS	P.O. BOX 508
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	S
NAME	HENDERSON, ANGELA
STREET ADDRESS	1046 INDIAN HILLS
CITY-ST-ZIP	MONTICELLO, FL 32344

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05/23/07-80083-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 4/30/07 Daytime Phone #: 850-997-1765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR