IATURE: LISA GLUNT	

**DOCUMENT# 702462** 

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: LEON COUNTY HUMANE SOCIETY, INC.

### **Current Principal Place of Business:**

413 TIMBERLANE RD TALLAHASSEE, FL 32312

### **Current Mailing Address:**

413 TIMBERLANE RD TALLAHASSEE, FL 32312

## FEI Number: 59-6138275

# Name and Address of Current Registered Agent:

GLUNT, LISA EXECUTIVE DIRECTOR 413 TIMBERLANE ROAD TALLAHASSEE, FL 32312 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	: LISA GLUNT			03/19/2018
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	OWEN-BRILEY, CINDI	Name	ORRICK, DIANA	
Address	413 TIMBERLANE ROAD	Address	413 TIMBERLANE ROAD	
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312	
Title	TREASURER	Title	DIRECTOR (HONORARY)	
Name	PATTON, JOSEPH	Name	BRUMFIELD, KEVIN DR.	
Address	413 TIMBERLANE RD	Address	413 TIMBERLANE RD	
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312	
Title	EXECUTIVE DIRECTOR	Title	DIRECTOR	
Name	GLUNT, LISA	Name	POREDA , SANDI	
Address	413 TIMBERLANE RD.	Address	413 TIMBERLANE RD.	
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312	
Title	VP	Title	DIRECTOR	
Name	MORNINGSTAR, DARCIE	Name	FRANKLIN, RUSS	
Address	413 TIMBERLANE RD	Address	413 TIMBERLANE RD	
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312	

# Continues on page 2

EXECUTIVE DIRECTOR

I hereby 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 all other like empowered.

SIGN

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

FILED Mar 19, 2018 Secretary of State CC5617995901

> 03/19/2018 Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	HANERTY, DEBBIE	Name	JASON, NORRIS
Address	413 TIMBERLANE RD	Address	413 TIMBERLANE RD
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR NORRIS, ANGIE	Title Name	DIRECTOR MAYO, KATIE
Name	NORRIS, ANGIE	Name	MAYO, KATIE