EXECUTIVE DIRECTOR Electronic Signature of Signing Officer/Director Detail

SIGNATURE: LISA GLUNT Electronic Signature of Registered Agent

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

Onicon/Direc			
Title	VP	Title	EXECUTIVE DIRECTOR
Name	POREDA, SANDI	Name	GLUNT, LISA
Address	413 TIMBERLANE ROAD	Address	413 TIMBERLANE RD.
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312
Title	PRESIDENT	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
Title	DIRECTOR	Title	TREASURER
Name	HANERTY, DEBBIE	Name	DEBOER, KRISTIE
Address	413 TIMBERLANE RD	Address	413 TIMBERLANE RD
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312
	<b>NIDEOTOD</b>	Title	DIRECTOR
Title	DIRECTOR		
Name	JOHNSON, LAURA	Name	DAVIS, MALLORY
Address	413 TIMBERLANE RD	Address	413 TIMBERLANE RD
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312

### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT# 702462**

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

FILED May 03, 2021 Secretary of State 7736558027CC

Date

Certificate of Status Desired: No

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. 05/03/2021

## 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.

Continues on page 2

SIGNATURE: LISA GLUNT

Date

05/03/2021

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

Title	DIRECTOR	Title	SECRETARY
Name	DONOFRO , MELANIE	Name	COLAVECCHIO, SHANNON
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 CALLEN, JEN	Title Name	DIRECTOR ROACH, AMY
			ROACH, AMY 413 TIMBERLANE RD.
Name	CALLEN, JEN	Name	ROACH, AMY