2020 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 Certificate of Status Desired: No

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 01/14/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title OTHER, EX-OFFICIO Title VΡ

OWEN-BRILEY, CINDI POREDA, SANDI Name Name

413 TIMBERLANE ROAD 413 TIMBERLANE ROAD Address Address City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32312

Title **PRESIDENT** Title **EXECUTIVE DIRECTOR**

Name MORNINGSTAR, DARCIE Name GLUNT, LISA Address 413 TIMBERLANE RD Address 413 TIMBERLANE RD. City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32312

DIRECTOR Title Title **SECRETARY**

Name HANERTY, DEBBIE Name FRANKLIN, RUSS Address 413 TIMBERLANE RD Address 413 TIMBERLANE RD TALLAHASSEE FL 32312 City-State-Zip:

TALLAHASSEE FL 32312 City-State-Zip:

Title DIRECTOR Title **TREASURER**

Name JOHNSON, LAURA DEBOER, KRISTIE Name 413 TIMBERLANE RD Address 413 TIMBERLANE RD Address City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32312

Continues on page 2

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.

01/14/2020 SIGNATURE: LISA GLUNT EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 14, 2020

Secretary of State

5275261086CC

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name WEST, LAURIE

Address 413 TIMBERLANE RD

City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR

Name DONOFRO, MELANIE Address 413 TIMBERLANE RD

City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR

Name DAVIS, MALLORY

Address 413 TIMBERLANE RD

City-State-Zip: TALLAHASSEE FL 32312