

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 17, 2016**

**Secretary of State  
CC9452669292**

DOCUMENT# 711688

**Entity Name:** JACKSONVILLE HUMANE SOCIETY, INC.

**Current Principal Place of Business:**

8464 BEACH BOULEVARD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8464 BEACH BOULEVARD  
JACKSONVILLE, FL 32216

**FEI Number: 59-0624410**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DEISLER, DENISE  
8464 BEACH BLVD.  
JACKSONVILLE, FL 32216 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MUNZ, MICHAEL  
Address 8464 BEACH BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32216

Title ED  
Name DEISLER, DENISE  
Address 8464 BEACH BLVD.  
City-State-Zip: JACKSONVILLE FL 32216

Title TD  
Name VICKERS, DINA  
Address 3266 ANTIGUA DRIVE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP  
Name EVERLY, LIS'E  
Address 2358 RIVERSIDE AVE. #805  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name MAYHER, WILLIAM  
Address 12641 MISSION HILLS CIRCLE S  
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY  
Name KANE, ALEXIS  
Address 2701 OCEAN DR S  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D  
Name BOLICK, BRENT  
Address 11700 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title D  
Name STEIN, LINDA  
Address 6750 EPPING FOREST WAY N #116  
City-State-Zip: JACKSONVILLE FL 32216

**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.*

**SIGNATURE: DENISE DEISLER**

**EXECUTIVE DIRECTOR**

**03/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name STONE, JEFFREY DR  
Address 1671 DOVER HILL DR.  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name KLUKO, CHAD  
Address 2601 MADRID SR  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name CHEREK, KRISTINE  
Address 112 SETTLERS ROW NORTH  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name LABENSKI, ROBERT  
Address 501 RIVERSIDE AVE  
# 500  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name THOMPSON, PENNY  
Address 655 W. 8TH ST.  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR  
Name CALDWELL, DAVID  
Address ONE EVERBANK FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name KELLY, JOEY  
Address 136 SEA HAMMOCK WAY  
City-State-Zip: PONTE VEDRA BEACH FL 32082