

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

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:** No

**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 PRESIDENT/CEO

Name DEISLER, DENISE

Address 8464 BEACH BLVD.

City-State-Zip: JACKSONVILLE FL 32216

Title VC

Name LUECK, SEAN

Address 2809 CHRISTOPHER CREEK RD. N.

City-State-Zip: JACKSONVILLE FL 32217

Title BOARD MEMBER EMERITUS

Name STEIN, LINDA

Address 6750 EPPING FOREST WAY NORTH #116

City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER

Name ABEL, HARDING

Address 135 W BAY STREET

City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN

Name EVERLY, LIS'E

Address 1901 1ST ST NORTH #1301

City-State-Zip: JACKSONVILLE FL 32250

Title DIRECTOR

Name MEEKS, GARY

Address 24724 HARBOUR VIEW DR.

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SECRETARY

Name ANDERSON, CICI

Address 105 SEA LILY LANE

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title OFFICER

Name MUNAGO, MARC

Address 5555 GATE PARKWAY STE 100

City-State-Zip: JACKSONVILLE FL 32256

**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:** LAUREN JACKOWIEC

**CHIEF OPERATING  
OFFICER**

**07/10/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name SONG, SUSAN  
Address 303 VALLEY GROVE DR  
City-State-Zip: PONTE VEDRA FL 32081

Title PRESIDENT  
Name NICOLAS, LAWRENCE  
Address 8464 BEACH BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32216

Title OFFICER  
Name VOELKER, JAY  
Address 147 SALIFISH DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title COO  
Name JACKOWIEC, LAUREN  
Address 8464 BEACH BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32216