## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04958

Entity Name: JEFFERSON COUNTY HUMANE SOCIETY, INC.

**FILED** Apr 24, 2017 **Secretary of State** CC6489280537

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

2123 E WASHINGTON MONTICELLO, FL 32344

## **Current Mailing Address:**

P.O. BOX 954

MONTICELLO, FL 32345 US

FEI Number: 59-2507088 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REASONER, LISA 490 WAUKEENAH ST MONTICELLO, FL 32344 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 REASONER 04/24/2017

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title **SECRETARY** REASONER, LISA BREAULT, JOAN Name Name 490 WAUKEENAH ST Address 295 HICKORY ST Address

City-State-Zip: MONTICELLO FL 32344 MONTICELLO FL 32344 City-State-Zip:

Title DIRECTOR Title VΡ

Name HAMMERS, JAMES Name DEAN, SHERRI

Address 944 OAKLANDS PLANTATION RD Address 8535 S JEFFERSON ROAD

MONTICELLO FL 32344 City-State-Zip: City-State-Zip: LAMONT FL 32336

DIRECTOR Title **PRESIDENT** Title

Name HAMMERS, MANDY Name JEANNIE. BEETSMA

Address 944 OAKLANDS PLANTATION RD 40 E WOLF CREEK COURT Address

City-State-Zip: MONTICELLO FL 32344 City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR HALL, WILLIAM Name

490 WAUKEENAH ST Address MONTICELLO FL 32344

City-State-Zip:

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.

04/24/2017 SIGNATURE: LISA REASONER TREASURER

Electronic Signature of Signing Officer/Director Detail

Date