## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04958

Entity Name: JEFFERSON COUNTY HUMANE SOCIETY, INC.

**FILED** Apr 25, 2018 **Secretary of State** CC8889754184

## **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:

C LUTHER PICKELS & ASSOCIATES LLC 825 E DOGWOOD STREET 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: LINDA WEBB. CPA 04/25/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title **TREASURER** Title SECRETARY CORLEY, EDYTHE Name LANE, JESSICA Name 372 COCROFT ROAD Address 104 COCROFT ROAD Address City-State-Zip: MONTICELLO FL 32344 MONTICELLO FL 32344

Title DIRECTOR Title VΡ

Name CONE, JEFFERY Name FORTIER, JOHNNY

Address 2599 NW WHIPPOORWILL DRIVE Address 1023 OAKLANDS PLANTATION RD

GREENVILLE FL 32331 City-State-Zip: City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR Title **PRESIDENT** 

Name ASHBURN, REBECCA Name ANDERSON, ANNIE Address 1450 WILLOW ROAD 372 COCROFT ROAD Address City-State-Zip: MONTICELLO FL 32344 City-State-Zip: MONTICELLO FL 32344

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: ANNIE ANDERSON

Electronic Signature of Signing Officer/Director Detail

04/25/2018

Date