

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04958

**FILED**  
**Feb 12, 2014**  
**Secretary of State**  
**CC2086308685**

**Entity Name:** JEFFERSON COUNTY HUMANE SOCIETY, INC.

**Current Principal Place of Business:**

1250 MAMIE SCOTT DR.  
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:**

REICHMAN, MICHAEL A  
380 N. JEFFERSON 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: MICHAEL A. REICHMAN**

**02/12/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name KIMBREL, JERI  
Address P.O BOX 954  
City-State-Zip: MONTICELLO FL 32345

Title PD  
Name KESSLER, MARK  
Address P.O. BOX 954  
City-State-Zip: MONTICELLO FL 32345

Title S  
Name WHITE, SONYA  
Address P.O. BOX 954  
City-State-Zip: MONTICELLO FL 32345

Title VP  
Name KING, BONNIE  
Address P.O. BOX 954  
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR  
Name KESSLER, TERESA  
Address P.O. BOX 954  
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR  
Name BREAUULT, JOAN  
Address P.O. BOX 954  
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR  
Name BEETSMA, JEANNIE  
Address P.O. BOX 954  
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR  
Name NATIVIO, JEANETTE  
Address P.O. BOX 954  
City-State-Zip: MONTICELLO FL 32345

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*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: TERESA KESSLER**

**DIRECTOR**

**02/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NATIVIO, VINCE  
Address        P.O. BOX 954  
City-State-Zip: MONTICELLO FL 32345