

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04958

Entity Name: JEFFERSON COUNTY HUMANE SOCIETY, INC.

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:

BREAULT, JOAN
2123 E WASHINGTON
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: JOAN BREAULT

03/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title S
Name MERCER, PEGGY
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 SNYDER, JIM
Address P.O. BOX 954
City-State-Zip: MONTICELLO FL 32345

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

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

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: BONNIE KING

VP

03/01/2015

Electronic Signature of Signing Officer/Director Detail

Date