2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702462

FILED Feb 03, 2006 Secretary of State

Entity Name: LEON COUNTY HUMANE SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

413 TIMBERLANE RD TALLAHASSEE, FL 32312

Current Mailing Address: New Mailing Address:

413 TIMBERLANE RD

TALLAHASSEE, FL 32312 US

FEI Number: 59-6138275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARYANSKI, LIZ MARYANSKI, LIZ

7040 SPENCER DRIVE 1444 VIEUX CARRÉ DRIVE TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32308 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: LIZ MARYANSKI 02/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SPELLMAN, HELLA
 Name:
 CROUSHORN, JAMES

 Address:
 3112 ORTEGA DR.
 Address:
 5142 PIMLICO DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: P () Delete Title: () Change () Addition

 Name:
 VALERY, NANCY
 Name:

 Address:
 1511 SPRUCE AVENUE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

Name: SCHIRO, DEBRA Name: ELLIS, JODY

Address: 134 IVERNIA LOOP Address: 3218 SEAWOLF DRIVE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

 Name:
 CUMBIE, RICK
 Name:
 CUMBIE, RICK

 Address:
 510 PLANTATION ROAD
 Address:
 413 TIMBERLANE ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: D (X) Delete Title: () Change () Addition

 Name:
 SCHULTETUS, PAM
 Name:

 Address:
 9045 OLD CHEMOINE RD
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 TAYLOR, SUSAN
 Name:

 Address:
 1295 RIDGE ROAD
 Address:

 City-St-Zip:
 MONTICELLO, FL 32344
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LIZ MARYANSKI ACCT 02/03/2006

Electronic Signature of Signing Officer or Director

Date