

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90015 022 ****61.25

DOCUMENT # 702462

1. Entity Name
LEON COUNTY HUMANE SOCIETY, INC.



Principal Place of Business
**413 TIMBERLANE RD
TALLAHASSEE, FL 32312**

Mailing Address
**413 TIMBERLANE RD
TALLAHASSEE, FL 32312 US**

40005029



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6138275

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARYANSKI, LIZ
1444 VIEUX CARRÉ DRIVE
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Liz Maryanski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **D**
CROUSHORN, JAMES
STREET ADDRESS **5142 PIMLICO DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☒ Addition
NAME **President**
Tracey Van Hook
STREET ADDRESS **1223 Mitchell Avenue**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete
NAME **P**
VALERY, NANCY
STREET ADDRESS **1511 SPRUCE AVENUE**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
ELLIS, JODY
STREET ADDRESS **3218 SEAWOLF DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
CUMBIE, RICK
STREET ADDRESS **413 TIMBERLANE ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
Nick Waller
STREET ADDRESS **413 Timberlane Road**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete
NAME **S**
TAYLOR, SUSAN
STREET ADDRESS **1295 RIDGE ROAD**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
Angela Jordan
STREET ADDRESS **773 Eagle View Drive**
CITY-ST-ZIP **Tallahassee FL 32311**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracey Van Hook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/07

Daytime Phone #