

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90023 028 \*\*\*\*61.25

<b>DOCUMENT # 702462</b> 1. Entity Name <b>LEON COUNTY HUMANE SOCIETY, INC.</b>					
Principal Place of Business <b>413 TIMBERLANE RD TALLAHASSEE, FL 32312</b>			Mailing Address <b>413 TIMBERLANE RD TALLAHASSEE, FL 32312 US</b>		
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	4. FEI Number <b>59-6138275</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARYANSKI, LIZ 1444 VIEUX CARRÉ DRIVE TALLAHASSEE, FL 32308</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VAN HOOK, TRACEY 1223 MITCHELL AVE TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VALERY, NANCY 1511 SPRUCE AVENUE TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Diana Orrick 1304 Golf Terrace Dr. Tallahassee, FL 32301</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELLIS, JODY 3218 SEAWOLF DRIVE TALLAHASSEE, FL 32312</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fred Tedio 1325 Miccosukee Rd. Tallahassee, FL 32308</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WALLER, NICK 413 TIMBERLAKE RD TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nick Waller</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4024 Shoal Creek Dr. Tallahassee, FL 32312</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TAYLOR, SUSAN 1295 RIDGE ROAD MONTICELLO, FL 32344</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Angela Jordan 773 Eagle View Dr. Tallahassee, FL 32311</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JORDAN, ANGELA 773 EAGLE VIEW DR. TALLAHASSEE, FL 32311</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Lauchlin Waldoch 8509 Little Scenic Lane Tallahassee, FL 32309</b>		
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: _____		LIZ Maryanski 2/11/08 (850) 2249193			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			