FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:56

DOCUMENT # 707982 (5)

1. Corporation Name

LAKE CITY-COLUMBIA COUNTY HUMANE SOCIETY, INC.

Principal Place of Business	Mailing Address
SHELTER DRIVE P.O. BOX 58 LAKE CITY FL 32056	SHELTER DRIVE P.O. BOX 58 LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1964
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1542669 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, MARGARET 915 EVERGREEN AVE LAKE CITY FL 32055	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MURRIN, CHERYL	1.2 NAME	
STREET ADDRESS	RTE 3 BOX 148	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PERSONS SUSAN	2.2 NAME	
STREET ADDRESS	P.O. BOX 1393 ., 18 N. RIDGEWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32056	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CRAFT ARLENE	3.2 NAME	
STREET ADDRESS	RT. 10 BOX 399., 441 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32056	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WEINMAN, TOBY	4.2 NAME	
STREET ADDRESS	PO BOX 1723 N A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	PALMA, TOM	5.2 NAME	
STREET ADDRESS	RTE 12 BOX 528	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	
TITLE	M	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, MARGARET	6.2 NAME	
STREET ADDRESS	915 EVERGREEN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Smith MARGARET SMITH 1/27/95 904-752-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0023193