FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **10/20/1964**
3a. Date of Last Report: **02/01/1995**

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

4. FEI Number: **59-1542669** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, MARGARET
915 EVERGREEN AVE
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	P.	☑ Change ☐ Addition
NAME	MURRIN, CHERYL		1.2 NAME	LEE THAMES	
STREET ADDRESS	RTE 3 BOX 148		1.3 STREET ADDRESS	901 DESOTO DRIVE	
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP	LAKE CITY, FLA. 32055	
TITLE	VD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		

CR2E037 (12/95)

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 — 3.12.96 — 904-752-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #