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Apr 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 SHELTER DRIVE
P.O. BOX 58 P.O. BOX 58
LAKE CITY FL 32056 LAKE CITY FL 32056-0058

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

3. Date Incorporated or Qualified 10/20/1964 3a. Date of Last Report 03/25/1996
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
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 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 Margaret Smith - Shelly Manager DATE 2/19/97

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1	THAMES, LEE	901 DESOTO DR	LAKE CITY FL	☒
2	PERSONS SUSAN	P.O. BOX 1393, 18 N. RIDGEWOOD DR.	LAKE CITY FL 32056	☐
3	CRAFT ARLENE	RT. 10 BOX 399, 441 SOUTH	LAKE CITY FL 32056	☒
4	SECRETARY WEINMAN, TOBY	PO BOX 1723 N A	LAKE CITY FL	☐
5	PALMA, TOM	RTE 12 BOX 528	LAKE CITY FL	☒
6	SMITH, MARGARET	915 EVERGREEN AVENUE	LAKE CITY FL	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1	PERSONS, SUSAN	P.O. BOX 1393	LAKE CITY FLA 32056	☒
2	CRAFT, ARLENE	RT 10 BOX 399	LAKE CITY FLA 32056	☒
3	CHERYL MURRIN	RT 3 BOX 148	LAKE CITY FLA 32055	☐
4	TREASURER HUNTER, LAURA	RT 10 BOX 621	LAKE CITY FLA 32055	☒

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 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 - Shelly Manager DATE 2/19/97

CR2E037 (9/96)