

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

SMITH, MARGARET
915 EVERGREEN AVE
LAKE CITY FL 32055

3. Date Incorporated or Qualified

10/20/1964

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

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

32025

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* MARGARET SMITH

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 2VPD ☒ DELETE

NAME MORRIN, CHERYL
STREET ADDRESS RT3 BOX 148, 47 SOUTH MASON CITY
CITY-ST-ZIP LAKE CITY FL 32025

TITLE VD ☒ DELETE

NAME PERSONS SUSAN
STREET ADDRESS P.O. BOX 1393, 18 N. RIDGEWOOD DR.
CITY-ST-ZIP LAKE CITY FL 32056

TITLE VD ☒ DELETE

NAME CRAFT ARLENE
STREET ADDRESS RT. 10 BOX 399, 441 SOUTH
CITY-ST-ZIP LAKE CITY FL 32058

TITLE S ☐ DELETE

NAME WEINMAN, TOBY
STREET ADDRESS PO BOX 1723 N A
CITY-ST-ZIP LAKE CITY FL

TITLE T ☐ DELETE

NAME HUNTER, LAURA
STREET ADDRESS RT 10 BOX 621, 2570 90 W
CITY-ST-ZIP LAKE CITY FL 32055

TITLE M (D) ☐ DELETE

NAME SMITH, MARGARET
STREET ADDRESS 915 EVERGREEN AVENUE
CITY-ST-ZIP LAKE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT (T) ☒ Change ☐ Addition

1.2 NAME PERSONS, SUE
1.3 STREET ADDRESS 400 S. FIRST ST
1.4 CITY-ST-ZIP LAKE CITY, FLA 32025

2.1 TITLE 1ST VP. (T) ☒ Change ☐ Addition

2.2 NAME DOUG ROONEY
2.3 STREET ADDRESS P.O. BOX 32056
2.4 CITY-ST-ZIP LAKE CITY FLA 32056

3.1 TITLE 2ND VP. (T) ☒ Change ☐ Addition

3.2 NAME DICK STOEWER
3.3 STREET ADDRESS RT 15 BOX 3078
3.4 CITY-ST-ZIP LAKE CITY FLA 32026

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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; 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 8/18/98 404 752-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Sep 10 1998 8:00am
Secretary of State

