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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707982

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/20/1964	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1542669	☐ Applied For ☒ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

SMITH, MARGARET
915 EVERGREEN AVE
LAKE CITY FL 32025

10. ***Name and Address of ~~New~~ Registered Agent***

81 Name SMITH MARGARET
82 Street Address (P.O. Box Number is Not Acceptable) SHELTER DRIVE - BEHIND KINDERGARTEN
83 LAKE City
84 City FL 85 Zip Code 32056

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 SHELTER MANAGER 2-22-99
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	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PERSONS, SUE		1.2 NAME		
STREET ADDRESS	900 S FIRST ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32025		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROONEY, DOUG		2.2 NAME		
STREET ADDRESS	P O 2246 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32056		2. 4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOEKER, DICK		3.2 NAME		
STREET ADDRESS	RT 15 BOX 3078 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32024		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	HUNTER, LAURA		5.2 NAME		
STREET ADDRESS	RT 10 BOX 621, 2570 90 W		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		5.4 CITY-ST-ZIP		
TITLE	MD	☐ 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 (11/98)

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, with all other like empowered.

SIGNATURE: Margaret Smith MARGARET SMITH 2-22-99 90 752-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #