2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90057 016 ****61.25

DOCUMENT # 707982

1. Entity 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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
1392 SHELTER GLEN	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE CITY FLA.	City & State
Zip: 32056 Country: COLUMBIA	Zip Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, MARGARET SHELTER DRIVE BEHIND KINDERGARTEN LAKE CITY FL 32056	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRIN, CHERYL RT 3, BOX 148 LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP CRAFT, ARLENE RT 10 BOX 399 LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP RICHARDSON, PERLEY PO BOX 1814 LAKE CITY FL 32056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEINMAN, TOBY PO BOX 1723 N A LAKE CITY FL 32056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUNTER, LAURA RT 10 BOX 621, 2570 90 W LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD SMITH, MARGARET 595 SE EVERGREEN DRIVE LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Smith MARGARET SMITH 1-25-05 386-752-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #