2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 14, 2006 8:00 am Secretary of State **DOCUMENT # 707982** 1. Entity Name 04-14-2006 90146 026 ****61.25 LAKE CITY-COLUMBIA COUNTY HUMANE SOCIETY, INC. Mailing Address Principal Place of Business 1392 SHELTER GLEN LAKE CITY FL 32056 SHELTER DRIVE P.O. BOX 58 LAKE CITY FL 32056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1542669 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME SMITH, MARGARET SHELTER DRIVE BEHIND KINDERGARTEN LAKE CITY FL 32056 GITY- FL 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. May and Smith Signature, types or protect right or registered agent and tille it suppressions (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PERLEY, RICHARDSON Delete THEF TITLE MURRIN, CHERYL NAME NAME PRESIDENT RT 3, BOX 148 STREET ADORESS STREET ADDRESS P.O BOY 1814 LAKE CITY FL 32056 CITY-ST-ZIP LAKE CITY FL 32025 CITY-ST-ZIP 2VP TITLE TITLE JIM MORRIE CRAFT, ARLENE NAME JIM MORKI 270 SE BEERWOOD GAN. LONE CIM. FL 32025 NAME RT 10 BOX 399 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32025 CITY-ST-7IP 1VP TITLE Defete TITLE IVP CHERYL HAMMONS MAME NAME RICHARDSON, PERLEY STREET ADORESS 114678 USH/WAY LAKE CITY 32055 STREET ADDRESS PO BOX 1814 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32056 MILE ☐ Delete NAME WEINMAN, TOBY NAME STREET ADDRESS STREET ADDRESS PO BOX 1723 N A CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32056 Change ☐ Addition ☐ Defete TITLE THILE HUNTER, LAURA NAME RT 10 BOX 621, 2570 90 W STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CITY-ST-ZIP CITY-ST-ZIP MD ☐ Delete TITLE Change ☐ Addition TITLE SMITH, MARGARET NAME NAME 595 SE EVERGREEN DRIVE STREET ADDRESS STREET ADDRESS LAKE CITY FL 32025 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED

SIGNATURE: Margaret And MARGARET SMITH 4.10.06 386-752-4702