

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 707982

1. Entity Name
LAKE CITY-COLUMBIA COUNTY HUMANE SOCIETY, INC.



Principal Place of Business
1392 SHELTER GLEN
LAKE CITY, FL 32056

Mailing Address
P.O. BOX 58
LAKE CITY, FL 32056

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1542669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARGARET
1392 NE SHELTER GLEN
LAKE CITY, FL 32055

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000956318
07/25/08-80003-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERLEY, RICHARDSON POB 1814 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MORRIS, JIM 220 SE DEERWOOD GLN LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PIERCE, JOHN 996 SE PUTNAM ST #102 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROWDER, TOBY P.O BOX 1723 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNTER, LAURA 283 NW VENTURA LANE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SMITH, MARGARET 595 SE EVERGREEN DRIVE LAKE CITY, FL 32025

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

Margaret Smith

MARGARET SMITH

07-23-2008

386-752-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #