FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711688 (2)

1. Corporation Name

JACKSONVILLE HUMANE SOCIETY, INC.

Principal Place of Business	Mailing Address
8464 BEACH BOULEVARD JACKSONVILLE FL 32216	8464 BEACH BOULEVARD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1966
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-0624410 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) County (30)

9. Name and Address of Current Registered Agent

WILLIAMS, RICHARD
8464 BEACH BOULEVARD
JACKSONVILLE FL 32216

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RICHARD	12 NAME	
STREET ADDRESS	12134 FT CAROLINE RD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	TISDALE, BETTY	22 NAME	Barbara Vititow
STREET ADDRESS	8231 MONTASONTA AVE.	23 STREET ADDRESS	1839 Samontee Road
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	HILL, LEWIS	32 NAME	Debbie Montalvo
STREET ADDRESS	2171 EVEN TIDE RD.	33 STREET ADDRESS	11309 River Moorings Road
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	VD	41 TITLE	VD ☒ Change ☐ Addition
NAME	SNEAD, J. DOUGLAS	42 NAME	Michael Davis
STREET ADDRESS	7236 ARROW POINT TR. S.	43 STREET ADDRESS	6116 N Main St
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	ELER, REFIK	52 NAME	
STREET ADDRESS	3640 HEDRICK STREET	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	TD ☒ Change ☐ Addition
NAME	SMITH, DEBRA	62 NAME	Bonnie H Smith
STREET ADDRESS	3791 CRICKET COVE RD. E.	63 STREET ADDRESS	10287 Shady Crest Ln
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville, FL 32221

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bonnie H Smith, Treasurer/Director 5/22/95 904-396-5945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bonnie H Smith

0025483

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 711772 (4)

1. Corporation Name

LAKE COUNTY BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1000 W. MAIN STREET P.O. BOX DREWER 491357 LEESBURG FL 34748	1000 W. MAIN STREET P.O. BOX DREWER 491357 LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1966
3a. Date of Last Report: 01/25/1994
4. FEI Number: 23-7267384 — 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

MORRISON, FRED A.
1000 WEST MAIN STREET
LEESBURG FL 32748

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	COONEY, GARY J.	331 W. ALFRED ST.	TAVARES FL
V	FELDMAN, JOHN	215 N. JOANNA AVE.	TAVARES FL
SD	MORRISON, FRED	1000 MAIN ST	LEESBURG FL
D	LAW, JULIA	250 S. MAIN STREET	GROVELAND FL
D	MILLER, DONNA	131 W. MAIN ST.	TAVARES FL
TD	EVANS, MAGGIE B.	3800 LK. CENTER LOOP B-2	MOUNT DORA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change / Addition
1	P	FELDMAN, JOHN	215 N. JOANNA AVENUE	TAVARES, FL 32778	☒ Change ☐ Addition
2	V	SMITH, C.J.	380 W. ALFRED ST	TAVARES, FL 32778	☒ Change ☐ Addition
3					☐ Change ☐ Addition
4					☐ Change ☐ Addition
5					☐ Change ☐ Addition
6					☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Fred A. Morrison — 6-19-95 — 904-787-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRED A. MORRISON, Secretary

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