

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711688

FILED
Apr 14, 2009
Secretary of State

Entity Name: JACKSONVILLE HUMANE SOCIETY, INC.

Current Principal Place of Business:

8464 BEACH BOULEVARD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8464 BEACH BOULEVARD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-0624410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEDDAN, LEONA
8464 BEACH BLVD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELIZABETH, DIAMOND
Address: 11459 FORT GEORGE RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: VD () Delete
Name: BOWLING, KAREN
Address: 13650 SHIPWATCH DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: WILMOTH, KIM
Address: 2317 BLANDINGJ BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: SAYER, OLIVIA
Address: P.O. BOX 350577
City-St-Zip: JACKSONVILLE, FL 32235

Title: ED () Delete
Name: SHEDDAN, LEONA
Address: 2010 SHADOW LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIAMOND, ELIZABETH
Address: 11459 FORT GEORGE RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: VD (X) Change () Addition
Name: KENNEY, TERESA
Address: 10110 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONA SHEDDAN

ED

04/14/2009

Electronic Signature of Signing Officer or Director

Date