

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

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90090 009 ****61.25

DOCUMENT # 722842

1. Entity Name

ALACHUA COUNTY HUMANE SOCIETY, INC.



Principal Place of Business
2029 N.W. 6TH STREET
GAINESVILLE FL 32609

Mailing Address
2029 N.W. 6TH STREET
GAINESVILLE FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-1908492

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

HANKIN, SAMUEL, ESQ.
305 NE 1ST ST
GAINESVILLE FL 32601

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE VP ☐ Delete
NAME HUFFMAN, SANDI
STREET ADDRESS 11511 NW 13TH LANE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE TD ☒ Delete
NAME BOOTS, JOHN
STREET ADDRESS 13100 NW 50 AVE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE SD ☒ Delete
NAME POOSER, JOHN
STREET ADDRESS 618 NW 21ST AVE
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE PD ☐ Delete
NAME SCOTT, SHERRY
STREET ADDRESS 14909 N SR 14
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ED ☐ Delete
NAME GOODMAN, REBECCA
STREET ADDRESS 8021 SW 188TH ST
CITY-ST-ZIP ARCHER FL 32618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Larry Seale ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS PO Box 12252
CITY-ST-ZIP Gainesville, FL 32602

TITLE SD ☐ Change ☒ Addition
NAME Carl Schwait
STREET ADDRESS 602 S. Main St.
CITY-ST-ZIP Gainesville, FL 32601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.