2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722842

FILED Jan 31, 2009 Secretary of State

Entity Name: ALACHUA COUNTY HUMANE SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 2029 N.W. 6TH STREET GAINESVILLE, FL 32609 **Current Mailing Address: New Mailing Address:** 2029 N.W. 6TH STREET GAINESVILLE, FL 32609 FEI Number: 59-1908492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERS, JEANNETTE 5015 NW 24TH DRIVE GAINESVILLE, FL 32605 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P/D () Delete () Change () Addition SEALE, LARRY Name: Name: POB 12252 Address: Address: City-St-Zip: GAINESVILLE, FL 32602 US City-St-Zip: Title: S/D () Delete Title: S/D (X) Change () Addition BARR, MICHELLE Name: KERN, RYAN Name: Address: 120 W. UNIVERSITY AVE Address: 11116 NW 60TH TERRACE City-St-Zip: GAINESVILLE, FL 32602 US City-St-Zip: ALACHUA, FL 32615 US Title: T/D () Delete Title: T/D (X) Change () Addition FINE, CHERIE FINE, CHERIE Name: Name: Address: 622 NE 1ST ST. Address: 3126 NW 62ND TERRACE City-St-Zip: GAINESVILLE, FL 32601 US City-St-Zip: GAINESVILLE, FL 32606 US Title: Title: D (X) Change () Addition () Delete RICHMOND, SANDI Name: MANDESE, WENDY DR. Name: Address: 4209 NW 37TH PLACE Address: 110 NW 1ST AVE. City-St-Zip: GAINESVILLE, FL 32606 US City-St-Zip: HIGH SPRINGS, FL 32643 US Title: () Delete Title: () Change (X) Addition MELLMAN, LUA Name: Name: 120 W. UNIVERSITY AVE. Address: Address: GAINESVILLE, FL 32601 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MARKOVITS, DIANYA Name: Name: Address: Address: 1003 NE 10TH AVE. APT. B GAINESVILLE, FL 32601 City-St-Zip: 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: LARRY SEALE P/D 01/31/2009