

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722842

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** ALACHUA COUNTY HUMANE SOCIETY, INC.

**Current Principal Place of Business:**

4205 NW 6TH STREET  
SUITE A-1  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

4205 NW 6TH STREET  
SUITE A-1  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 59-1908492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERS, JEANNETTE  
5015 NW 24TH DRIVE  
GAINESVILLE, FL 32605 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: P/D  
Name: KERN, RYAN  
Address: 11116 NW 60TH TERRACE  
City-St-Zip: ALACHUA, FL 32615 US

Title: D  
Name: FINE, CHERIE  
Address: 3126 NW 62ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: T/D  
Name: BARON, IRA  
Address: PO BOX 14036  
City-St-Zip: GAINESVILLE, FL 32604

Title: VP/D  
Name: MELLMAN, LUA  
Address: 120 W. UNIVERSITY AVE.  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D  
Name: MARKOVITS, DIANYA  
Address: 1003 NE 10TH AVE, APT. B  
City-St-Zip: GAINESVILLE, FL 32601

Title: S/D  
Name: HUNT, DEBORAH  
Address: 120 W. UNIVERSITY AVE.  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: RYAN T. KERN, MD

P/D

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date