

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745318

FILED
Apr 30, 2005
Secretary of State

Entity Name: CLAY COUNTY HUMANE SOCIETY, INC.

Current Principal Place of Business:

2230 FILMORE STREET
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 65879
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-1894727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KESKINEN, JANET
2153 CENTER WAY
DOCTOR'S INLET, FL 32068 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: TD () Delete
Name: KESKINEN, JANET,
Address: 2153 CENTER WAY
City-St-Zip: DOCTORS INLET, FL

Title: D () Delete
Name: HUTCHISON, SUSAN
Address: 2284 HIDDEN WATERS DR W
City-St-Zip: GREEN COVE SPRINGS, FL

Title: VD () Delete
Name: EHRENBURG, BOB
Address: 2656 WHIPPLE AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: PD () Delete
Name: WIRTH, TERRY,
Address: 4726 PINE GATE RD
City-St-Zip: ORANGE PARK, FL 32073

Title: SD () Delete
Name: SCHMIERER, LYNDIA
Address: 1748 SAINT IVES DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KESKINEN, JANET,
Address: 2153 CENTER WAY
City-St-Zip: DOCTORS INLET, FL

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

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

Title: TD (X) Change () Addition
Name: WIRTH, TERRY,
Address: 4726 PINE GATE RD
City-St-Zip: ORANGE PARK, FL 32073

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: K. DIANTHA OWEN

ACCT

04/30/2005

Electronic Signature of Signing Officer or Director

Date