

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90433 004 ****61.25

DOCUMENT # 745318

1. Entity Name
CLAY COUNTY HUMANE SOCIETY, INC.



Principal Place of Business
2230 FILMORE STREET
ORANGE PARK, FL 32065 US

Mailing Address
PO BOX 65879
ORANGE PARK, FL 32065 US

400000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1894727

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KESKINEN, JANET
2153 CENTER WAY
DOCTOR'S INLET, FL 32068

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

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KESKINEN, JANET
STREET ADDRESS 2153 CENTER WAY
CITY-ST-ZIP DOCTORS INLET, FL

TITLE TD ☐ Change ☒ Addition
NAME Scott Olivolo
STREET ADDRESS 3182 Nautilus Road
CITY-ST-ZIP Middleburg FL 32068

TITLE D ☒ Delete
NAME HUTCHISON, SUSAN
STREET ADDRESS 2284 HIDDEN WATERS DR W
CITY-ST-ZIP GREEN COVE SPRINGS, FL

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

TITLE VD ☐ Delete
NAME EHRENBERG, BOB
STREET ADDRESS 2656 WHIPPLE AVE
CITY-ST-ZIP ORANGE PARK, FL 32073

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

TITLE TD ☒ Delete
NAME WIRTH, TERRY
STREET ADDRESS 4726 PINE GATE RD
CITY-ST-ZIP ORANGE PARK, FL 32073

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

TITLE SD ☐ Delete
NAME SCHMIERER, LYNDIA
STREET ADDRESS 1748 SAINT IVES DRIVE
CITY-ST-ZIP MIDDLEBURG, FL 32068

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

TITLE ☐ Delete
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 Chapter 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.

SIGNATURE:

Janet Keskinen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #