

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745318

FILED  
Apr 17, 2007  
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:**

2230 FILMORE STREET  
ORANGE PARK, FL 32065 US

**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: PD ( ) Delete  
Name: KESKINEN, JANET,  
Address: 2153 CENTER WAY  
City-St-Zip: DOCTORS INLET, FL

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

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

Title: TD ( ) Delete  
Name: OLIVOLO, SCOTT  
Address: 3182 NAUTILUS ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: EHRENBURG, BOB  
Address: 2656 WHIPPLE AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: VD (X) Change ( ) Addition  
Name: SCHMIERER, LYNDIA  
Address: 1748 SAINT IVES DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: PD (X) Change ( ) Addition  
Name: LEMEN, LISA  
Address: 3138 FIELDCREST DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET KESKINEN

TD

04/17/2007

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

\_\_\_\_\_  
Date