2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State
07-02-2001 90002 038 ****61.25

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C0072257

1. Entity Name
PUTNAM COUNTY HUMANE SOCIETY, INC.

Principal Place of Business	Mailing Address
112 NORMA ST. Hollister, FL 32147	BOX 188 Hollister, FL 32147

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
112 NORMA STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollister, FL	City & State
Zip: 32147 Country: USA	Zip Country

4. FEI Number: 59-2120196 ☐ Applied For ☐ Not Applicable

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
DONNA HARSHMAN 415 Sleepy Hollow Drive Interlachen, FL 32148	Name: CAROLE MUSSOLINE Street Address (P.O. Box Number is Not Acceptable): 122 Old BRICK ROAD City: EAST PALATKA FL Zip Code: 32131

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.

SIGNATURE: Carole Mussoline June 25, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D ☐ Delete NAME Carole MUSSOLINE STREET ADDRESS R+3 Box 21C CITY-ST-ZIP EAST PALATKA, FL 32131	TITLE PD ☒ Change ☐ Addition NAME CAROLE MUSSOLINE STREET ADDRESS 122 Old BRICK ROAD CITY-ST-ZIP EAST PALATKA, FL 32131
TITLE D ☒ Delete NAME KEVEN DURSCHER STREET ADDRESS 230 KIRBY LANE CITY-ST-ZIP GRANDIN, FL 32138	TITLE VPD ☐ Change ☒ Addition NAME DONNA HARSHMAN STREET ADDRESS 415 Sleepy Hollow DRIVE CITY-ST-ZIP Interlachen, FL 32148
TITLE TD ☒ Delete NAME DON Peterman STREET ADDRESS 124 Cedar CREEK ROAD CITY-ST-ZIP PALATKA, FL 32177	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD ☐ Delete NAME JOAN GRAY STREET ADDRESS 34 BROWNTOG LANE CITY-ST-ZIP EAST PALATKA, FL 32132	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD ☐ Delete NAME NIKKI MUSSOLINE STREET ADDRESS R+3, Box 35 CITY-ST-ZIP EAST PALATKA, FL 32131	TITLE SD ☒ Change ☐ Addition NAME NIKKI THOMAS STREET ADDRESS R+3, Box 35 CITY-ST-ZIP EAST PALATKA, FL 32131
TITLE VD ☒ Delete NAME KILLIAN BROWN STREET ADDRESS 24740 NE 136 LANE CITY-ST-ZIP SALT SPRINGS, FL 32134	TITLE VPD ☐ Change ☒ Addition NAME LORETTA W. CHESSER STREET ADDRESS 113 HIAWATHA CITY-ST-ZIP EAST PALATKA, FL 32131

CR2E037 (11/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Carole Mussoline President June 25, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #