

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90026 012 \*\*\*\*61.25

**60015501**



02032006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 754154</b> 1. Entity Name <b>THE HUMANE SOCIETY OF NORTHEAST FLORIDA, INC.</b>					
Principal Place of Business <b>112 NORMA STREET</b> <b>HOLLISTER, FL 32147 US</b>			Mailing Address <b>BOX 188</b> <b>HOLLISTER, FL 32147 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2120196</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MUSSOLINE, CAROLE</b> <b>122 OLD BRICK ROAD</b> <b>EAST PALATKA, FL 32131</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GRAY, JOAN</b> <b>118 CEDAR DR.</b> <b>SAN MATEO, FL 32187</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS</b> <b>CUMMINGS, NIKKI</b> <b>PO BOX 825</b> <b>POMONA PARK, FL 32181</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MUSSOLINE, CAROLE</b> <b>122 OLD BRICK ROAD</b> <b>EAST PALATKA, FL 32131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LORRETTA, CHESSER W</b> <b>101 MUSKAGEE</b> <b>SAN MATEO, FL 32187</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMAL</b> <b>DROPP, RUTH ANN</b> <b>112 TIGER LANE</b> <b>SATSUMA, FL 32189</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 I am empowered.					
<b>SIGNATURE:</b> <u>Carole Mussoline</u> <span style="float: right;"><b>2/14/06</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					