2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

70.

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90032 031 ****70.00

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1. Entity Name

THE HUMANE SOCIETY OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
112 NORMA STREET HOLLISTER FL 32147 US	BOX 188 HOLISTER FL 32147 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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
BECK, CARL 256 N. HWY 171 PALATKA FL 32177	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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAY, JOAN 118 CEDAR DR. SAN MATEO FL 32187	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VICE PRESIDENT DR. DON QUICK PO BOX 1187 PALATKA, FL 32178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMMINGS, NIKKI PO BOX 825 POMONA PARK FL 32181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VICE PRESIDENT POLLY CORNWELL 1076 CR 20A HAWTHORNE, FL 32640	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BECK, CARL 256 N. HWY 17 PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DON PETERMAN 124 CEDAR CREEK ROAD PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORRETTA, CHESSER W 101 MUSKAGEE SAN MATEO FL 32187	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DR. BOB THROPP 112 TIGER LANE SATSUMA, FL 32189	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THROPP, RUTH ANN 112 TIGER LANE SATSUMA FL 32189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HAL MAGEE 225 PORT COMFORT DRIVE EAST PALATKA, FL 32131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MUSSOLINE, CAROLE 122 OLD BRICK RD EAST PALATKA FL 32131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KATHIE KELLEY 1375 BARDIN ROAD PALATKA, FL 32177	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Don Peterman, TREASURER DON PETERMAN 01/28/08 386 328-7537