

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754154

FILED
Jan 10, 2011
Secretary of State

Entity Name: THE HUMANE SOCIETY OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

112 NORMA STREET
HOLLISTER, FL 32147 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 188
HOLISTER, FL 32147 US

New Mailing Address:

FEI Number: 59-2120196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELTON, CAPRICE
459 WEST RIVER RD
PALATKA, FL 32177 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: CS
Name: GARCIA, MARY
Address: PO BOX 630
City-St-Zip: POMONA PARK, FL 32181

Title: S
Name: BROOKS, CAROLYN
Address: 118 LATESHA TERRACE
City-St-Zip: PALATKA, FL 32177

Title: VP
Name: WELTON, CAPRICE
Address: PO BOX 578
City-St-Zip: BOSTWICK, FL 32007

Title: P
Name: SNOW, BOBBY
Address: 103 VENICE DR
City-St-Zip: INTERLACHEN, FL 32148

Title: T
Name: MEHL, SHERRY L
Address: 126 EBERHARD AVE
City-St-Zip: PALATKA, FL 32177

Title: D
Name: SNOW, ELLEN
Address: 103 VENICE DR
City-St-Zip: INTERLACHEN, FL 32148

I hereby 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 all other like empowered.

SIGNATURE: SHERRY L. MEHL

T

01/10/2011

Electronic Signature of Signing Officer or Director

Date