

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754154

FILED  
Jan 26, 2012  
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  
HOLLISTER, FL 32147 US

**New Mailing Address:**

PO BOX 188  
HOLLISTER, FL 32147 US

**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: ROBISON, MELISSA  
Address: 165 CENTRAL AVE  
City-St-Zip: SAN MATEO, FL 32187

Title: S  
Name: KEEN, NICHOLE  
Address: 116 KAREN CT  
City-St-Zip: PALATKA, FL 32177

Title: VP  
Name: WHEELER, DONNA  
Address: 148 E BANNERVILLE RD  
City-St-Zip: PALATKA, FL 32177

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

TRES

01/26/2012

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

\_\_\_\_\_  
Date