

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 13, 2011
Secretary of State

DOCUMENT# 754178

Entity Name: FLAGLER HUMANE SOCIETY, INC.**Current Principal Place of Business:**1 SHELTER DRIVE
PALM COAST, FL 32137 US**New Principal Place of Business:****Current Mailing Address:**1 SHELTER DRIVE
PALM COAST, FL 32137 US**New Mailing Address:****FEI Number:** 59-2247034**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BEILMAN, AMY
14 LAKESIDE WAY
PALM COAST, FL 32137 US**Name and Address of New Registered Agent:**MCKEAN, THOMAS B TREA
22 BLUE OAK LANE
PALM COAST, FL 32137 US

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: THOMAS B. MCKEAN

10/13/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PRES
Name: KAMBERALIS, SUSAN L
Address: 5 CLAYMONT COURT S
City-St-Zip: PALM COAST, FL 32137**Title:** VP
Name: TATE, ROBERT G
Address: 5690 JOHN ANDERSON HWY
City-St-Zip: FLAGLER BEACH, FL 32136**Title:** TREA
Name: MCKEAN, THOMAS B
Address: 22 BLUE OAK LANE
City-St-Zip: PALM COAST, FL 32137**Title:** SECT
Name: FRANZEN, CHRISTINA J
Address: 1472 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32725

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: THOMAS B. MCKEAN

TREA

10/13/2011

Electronic Signature of Signing Officer or Director_____
Date