FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04602** **(1)**

1. Corporation Name

FRANKLIN COUNTY HUMANE SOCIETY, INC.

Principal Place of Business	Mailing Address
~~100 BAY AVE.~~ P.O.BOX 509 ~~P.O. BOX 432~~ LANARK VILLAGE, 32323 ~~APALACHICOLA FL 32320-7432~~ FLORIDA	~~100 BAY AVE.~~ P.O.BOX 509 ~~P.O. BOX 432~~ LANARK VILLAGE FL ~~APALACHICOLA FL 32320-7432~~ 32323

3. Date Incorporated or Qualified: **08/08/1984**
3a. Date of Last Report: **01/08/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2432872** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATKINS, J. BEN, ATTY.
41 COMMERCE STREET
APALACHICOLA FL 32320

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 500001960464S
-07/25/96--01072--050
84 City ***61.25 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TOPPING, RENE		1.2 NAME	FULMER, PHYLLIS	
STREET ADDRESS	P.O. BOX 697 N/A RIVER ROAD		1.3 STREET ADDRESS	P.O. BOX 1235 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322		1.4 CITY-ST-ZIP	LANARK VILLAGE, FL 32323	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	COX, JANE F		2.2 NAME	ROBERTS, BETTY	
STREET ADDRESS	139 BAY AVE.		2.3 STREET ADDRESS	P.O.BOX 1286 N/A	
CITY-ST-ZIP	APALACHICOLA FL 32820		2.4 CITY-ST-ZIP	LANARK VILLAGE,FL 32323	
TITLE	S	☒ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	LINSDEY, ANNE		3.2 NAME	LINDSEY, ANNE SPELLING	
STREET ADDRESS	P.O. BOX 172 AVENUE A		3.3 STREET ADDRESS	P.O. BOX 172 ~~N/A~~ 407 AVENUE A	
CITY-ST-ZIP	CARRABELLE FL 32321		3.4 CITY-ST-ZIP	CARRABELLE, FL 32321	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	HOLMES, BARBARA		4.2 NAME	EBEL, FRED H.	
STREET ADDRESS	173 AVE B.		4.3 STREET ADDRESS	P.O.BOX 509 N/A	
CITY-ST-ZIP	APALACHICOLA FL		4.4 CITY-ST-ZIP	LANARK VILLAGE, FL 32323	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	EBEL, FRED		5.2 NAME	HOLMES, BARBARA	
STREET ADDRESS	~~HIGHWAY 98~~/ MILLER AVE., MC 62 BOX 31		5.3 STREET ADDRESS	173 AVENUE B	
CITY-ST-ZIP	CARRABELLE BEACH FL 32322		5.4 CITY-ST-ZIP	APALACHICOLA, FL 32820	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	FULLMER, PHYLLIS		6.2 NAME	COX, JANE. F.	
STREET ADDRESS	P.O. BOX 1235 N/A		6.3 STREET ADDRESS	139 BAY AVENUE	
CITY-ST-ZIP	LANARK VILLAGE FL 32323		6.4 CITY-ST-ZIP	APALACHICOLA, FL 32820	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ June 24,1996 697-2833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRED H. EBEL Tres./Dir. 904/670-8417