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**Feb 02, 1999 8:00am**
**Secretary of State**

02-02-1999 90025 025 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04602**

1. Corporation Name
**FRANKLIN COUNTY HUMANE SOCIETY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 244 HIGHWAY 65<br>EASTPOINT FL 32328 | P.O. BOX 417<br>EASTPOINT FL 32328 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>08/08/1984 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2432872 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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

84 City **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 | | ☐ Change ☐ Addition |
| NAME | DODDS, GAYLE | | 1.2 NAME | | |
| STREET ADDRESS | P.O. BOX 922/865 HIGHWAY 98 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LANARK VILLAGE FL 32323 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MC MILLAN, JEAN | | 2.2 NAME | | |
| STREET ADDRESS | 320 PATTON STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST GEORGE ISLAND FL 32328 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROBERTS, BETTY | | 3.2 NAME | | |
| STREET ADDRESS | P.O. BOX 1286/3-2 PARKER ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LANARK VILLAGE FL 32323 | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TERMARSCH, MARY ANN | | 4.2 NAME | | |
| STREET ADDRESS | 694 OAK PARK ROAD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SOPCHOPPY FL 32358 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TOPPING, RENE | | 5.2 NAME | | |
| STREET ADDRESS | P.O. BOX 697/309 RIVER RD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CARRABELLE FL 32322 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FULMER, PHYLLIS | | 6.2 NAME | | |
| STREET ADDRESS | P.O. BOX 1235/28-4 FERN CT | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LANARK VILLAGE FL 32323 | | 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Date 1/15/99 Daytime Phone # 850 670 8417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)