

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90004 026 ****61.25

DOCUMENT # N04602

1. Entity Name
FRANKLIN COUNTY HUMANE SOCIETY, INC.



Principal Place of Business
**244 HIGHWAY 65
EASTPOINT, FL 32328**

Mailing Address
**P.O. BOX 417
EASTPOINT, FL 32328**

54064838



07122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
74-2791992

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **PAUL MARXSEN**
Street Address (P.O. Box Number is Not Acceptable)
108 SE AVE B
City **CARRABELLE** FL Zip Code **32322**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **FINN, RAYMOND**
STREET ADDRESS **P.O. BOX 1318**
CITY-ST-ZIP **CARRABELLE, FL 32322**

TITLE ☐ Change ☒ Addition
NAME **CONNIE BOWERS**
STREET ADDRESS **1671 ALLIGATOR DR**
CITY-ST-ZIP **ALLIGATOR POINT FL 32346**

TITLE ☐ Delete
NAME **BRICKEL, SUSAN**
STREET ADDRESS **96 6TH**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE ☐ Change ☒ Addition
NAME **BOB DAY**
STREET ADDRESS **573 E GULF DR**
CITY-ST-ZIP **ST GEORGE ISLAND FL 32328**

TITLE ☒ Delete
NAME **DURRER, MARY ANN**
STREET ADDRESS **1824 SUZIE CT. EAST**
CITY-ST-ZIP **ST. GEORGE ISLAND, FL 32328**

TITLE ☐ Change ☒ Addition
NAME **KARA LANDISS**
STREET ADDRESS **624 W BAYSHORE DR**
CITY-ST-ZIP **ST GEORGE ISLAND FL 32328**

TITLE ☐ Delete
NAME **BOD FULMER, HOBSON**
STREET ADDRESS **P.O. BOX 685**
CITY-ST-ZIP **EASTPOINT, FL 32318**

TITLE ☐ Change ☒ Addition
NAME **LINDA ELSER**
STREET ADDRESS **1504 NICKS WAY**
CITY-ST-ZIP **ST GEORGE ISLAND FL 32328**

TITLE ☒ Delete
NAME **TOPPING, RENE**
STREET ADDRESS **P.O. BOX 697/309 RIVER RD**
CITY-ST-ZIP **CARRABELLE, FL 32322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DBOD JOHNSON, VAN**
STREET ADDRESS **ANIMAL CONTROL DEPARTMENT**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-04 **850**
653-2828