2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N04602

1. Entity Name
FRANKLIN COUNTY HUMANE SOCIETY, INC.

Principal Place of Business	Mailing Address
244 HIGHWAY 65 EASTPOINT, FL 32328	P.O. BOX 417 EASTPOINT, FL 32328

08302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

MARXSEN, PAUL
108 SE AVE B
CARRABELLE, FL 32322

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

Filing Fee is $61.25
Due by September 7, 2005

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

U00000377465
08/31/05-80003-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FINN, RAYMOND
STREET ADDRESS	P.O. BOX 1318
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	PD
NAME	BRICKEL, SUSAN
STREET ADDRESS	96 6TH
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	D
NAME	BOWERS, CONNIE
STREET ADDRESS	1671 ALLIGATOR DR
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346
TITLE	BOD
NAME	FULMER, HOBSON
STREET ADDRESS	P.O. BOX 685
CITY-ST-ZIP	EASTPOINT, FL 32318
TITLE	D
NAME	DAY, BOB
STREET ADDRESS	573 E GULF DR
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328
TITLE	D
NAME	ELSER, LINOA
STREET ADDRESS	1504 NICKS WAY
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328

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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: Susan C Brickel 8-30-04 653-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #