
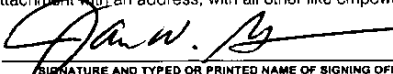


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90014 013 ****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		
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARXSEN, PAUL 108 SE AVE B CARRABELLE, FL 32322			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORMAN, JAN W	NAME	Tress Anderson		
STREET ADDRESS	PO BOX 374	STREET ADDRESS	712 Welborn Ave, Carrabelle, FL 32322		
CITY-ST-ZIP	APALACHICOLA, FL 32329	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARXSEN, PAUL	NAME	Melody Townsend		
STREET ADDRESS	PO BOX 629	STREET ADDRESS	264 Magnolia Bay Dr, Eastpoint, FL 32328		
CITY-ST-ZIP	CARRABELLE, FL 32322	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWERS, CONNIE	NAME			
STREET ADDRESS	1671 ALLIGATOR DR	STREET ADDRESS			
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPOHRER, JOHN B	NAME			
STREET ADDRESS	691 CHASON RD	STREET ADDRESS			
CITY-ST-ZIP	EASTPOINT, FL 32328	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDISS, KARA	NAME			
STREET ADDRESS	624 W BAYSHORE DR	STREET ADDRESS			
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAYES, BUD	NAME			
STREET ADDRESS	1233 WATKINS	STREET ADDRESS			
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		JAN W. GORMAN		8-14-07 850-653-2126 x330	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	