2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

1. Entity Nam	MENT # N04602 N COUNTY HUMANE SOCI			08-16-2007	7 90014 013 ****	61.25		
Principal Place of Business 244 HIGHWAY 65 EASTPOINT, FL 32328 Mailing Address P.O. BOX 417 EASTPOINT, FL 32328			,					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			0005007 (40(00)		
			City & State		ng-NP	CR2E037 (12/06)	applied For	
City & State				4. FEI Number 74-279199	2	 -	lot Applicable	
Zip	Country	Zip	Country	5. Certificate of St.	atus Desired	☐ \$8.75 Ac Fee Requir	dditional ed	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New R	Registered Agent		
MARXSEN, PAUL			Name					
108 SE AVE B CARRABELLE, FL 32322			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
CARRABE	ELLE, FL 32322							
			City			FL Zip Co	de	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or both, in	the State of Fk	orida. I am familiar with	n, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a					0.475		
	Signature, typed or printed name or registered again a	nd title if applicable. (NOTE	: Registered Agent signature req	uired when reinstating)		DATE		
D	Filing Fee is \$61.25 ue by September 14, 2007		npaign financing	\$5.00 May Be Added to Fees		Make check payable		
D 10.	Filing Fee is \$61.25	9. Election Cam Trust Fund C	npaign financing	\$5.00 May Be Added to Fees	Flor	Make check payable rida Department of S ERS AND DIRECTORS I	State N 10	
10.	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Flor	lake check payable rida Department of S	State N 10	
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Interest certify that the information supplied with this hilling does not qualify for the exemptions contained in Chapter 119, Florida statutes. Florther 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.

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 8-14-07 850-653-212Cx330