

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04602

FILED
Sep 02, 2008
Secretary of State

Entity Name: FRANKLIN COUNTY HUMANE SOCIETY, INC.

Current Principal Place of Business:

244 HIGHWAY 65
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 417
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 74-2791992 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARXSEN, PAUL
108 SE AVE B
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GORMAN, JAN W
Address: PO BOX 374
City-St-Zip: APALACHICOLA, FL 32329

Title: D () Delete
Name: ANDERSON, TRESS
Address: 712 WELBORN AVE
City-St-Zip: CARRABELLE, FL 32322

Title: D () Delete
Name: BOWERS, CONNIE
Address: 1671 ALLIGATOR DR
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: D () Delete
Name: SPOHRER, JOHN B
Address: 691 CHASON RD
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: LANDISS, KARA
Address: 624 W BAYSHORE DR
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: D () Delete
Name: HAYES, BUD
Address: 1233 WATKINS
City-St-Zip: ST. GEORGE ISLAND, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN GORMAN

D

09/02/2008

Electronic Signature of Signing Officer or Director

Date