


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90230 043 \*\*\*\*61.25

<b>DOCUMENT # N04958</b>					
1. Entity Name JEFFERSON COUNTY HUMANE SOCIETY, INC.					
Principal Place of Business 1250 MAMIE SCOTT DR. MONTICELLO, FL 32344 US			Mailing Address P.O. BOX 559 MONTICELLO, FL 32345-0559 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2507088	
Zip		Country		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		
MCMURRAY, MARGARET <i>MARGARET</i> 440 W WASHINGTON ST MONTICELLO, FL 32344			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RINGE, MALY HELEN		NAME		
STREET ADDRESS	13 BARNES ROAD		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMURRAY, MARGARET		NAME	<i>McMURRAY, MARGARET</i>	
STREET ADDRESS	440 W WASHINGTON ST		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARSWELL, CAROLINE		NAME		
STREET ADDRESS	P.O. BOX 508		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32345		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, MARTHA JEAN		NAME		
STREET ADDRESS	1046 INDIAN HILLS		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARSWELL, GEORGE		NAME		
STREET ADDRESS	P.O. BOX 508		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32345		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, ANGELA		NAME	<i>S TERESA KESSLER</i>	
STREET ADDRESS	1046 INDIAN HILLS		STREET ADDRESS	<i>1715 CASA BIANCA</i>	
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP	<i>MONTICELLO, FL 32344</i>	
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: <i>Margaret McMurray</i>		TREASURER		4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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