

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04958

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: JEFFERSON COUNTY HUMANE SOCIETY, INC.

**Current Principal Place of Business:**

1250 MAMIE SCOTT DR.  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 559  
MONTICELLO, FL 323450559 US

**New Mailing Address:**

FEI Number: 59-2507088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMURRAY, MARGARET  
440 W WASHINGTON ST  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

MCMURRAY, MARGARET  
290 WEST WASHINGTON ST  
SUITE 1  
MONTICELLO, FL 32344 US

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:

02/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MCMURRAY, MARGARET  
Address: 440 W WASHINGTON ST  
City-St-Zip: MONTICELLO, FL 32344

Title: PD ( ) Delete  
Name: CARSWELL, CAROLINE  
Address: P.O. BOX 508  
City-St-Zip: MONTICELLO, FL 32345

Title: D ( ) Delete  
Name: CARSWELL, GEORGE  
Address: P.O. BOX 508  
City-St-Zip: MONTICELLO, FL 32345

Title: S (X) Delete  
Name: KESSLER, TERESA  
Address: 1715 CASA BIANCA  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: MCMURRAY, MARGARET  
Address: 290 WEST WASHINGTON ST  
City-St-Zip: MONTICELLO, FL 32344

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

Title: S (X) Change ( ) Addition  
Name: KESSLER, TERESA  
Address: 1715 CASA BIANCA  
City-St-Zip: MONTICELLO, FL 32344

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: MARGARET MCMURRAY

T

02/18/2009

Electronic Signature of Signing Officer or Director

Date