## 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: New Principal Place of Business:

1250 MAMIE SCOTT DR. MONTICELLO, FL 32344 US

Current Mailing Address: New Mailing Address:

P.O. BOX 559

MONTICELLO, FL 323450559 US

FEI Number: 59-2507088 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 MCMURRAY, MARGARET
 Name:
 MCMURRAY, MARGARET

 Address:
 440 W WASHINGTON ST
 Address:
 290 WEST WASHINGTON ST

 City-St-Zip:
 MONTICELLO, FL 32344
 City-St-Zip:
 MONTICELLO, FL 32344

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CARSWELL, CAROLINE
 Name:

 Address:
 P.O. BOX 508
 Address:

 City-St-Zip:
 MONTICELLO, FL 32345
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 CARSWELL, GEORGE
 Name:
 KESSLER, TERESA

 Address:
 P.O. BOX 508
 Address:
 1715 CASA BIANCA

 City-St-Zip:
 MONTICELLO, FL 32345
 City-St-Zip:
 MONTICELLO, FL 32344

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KESSLER, TERESA
 Name:

 Address:
 1715 CASA BIANCE
 Address:

 City-St-Zip:
 MONTICELLO, FL 32344
 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