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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14745** (6)

1. Corporation Name

~~NASSAU HUMANE SOCIETY, INC.~~ D/B/A
FIRST COAST HUMANE SOCIETY

Principal Place of Business	Mailing Address
995 PIPER LANE P.O. BOX 49 FERNANDINA BEACH FL 32034 US	995 PIPER LANE FERNANDINA BEACH FL 32034-9265 US

3. Date Incorporated or Qualified: 05/06/1986
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2667141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURGESS, GRANVILLE C.
303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 600002167226
-05/06/97--01042--054

84 City ***61.25 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	CHAUNCEY, CAROL		1.2 NAME	LAIRD, SUSAN	
STREET ADDRESS	1273 MANUCY RD		1.3 STREET ADDRESS	501 S 6th ST	
CITY-ST-ZIP	FERNANDIAN BEACH FL		1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	T	☑ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	SHUBER, BRENDA		2.2 NAME	CAPECE, JOYCE	
STREET ADDRESS	662 GROVE PARK CIRCLE		2.3 STREET ADDRESS	3421 SEA MARSH RD	
CITY-ST-ZIP	FERNANDINA BEACH FL		2.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	D	☐ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	MACMULLEN, BONNIE		3.2 NAME	BONNIE MACMULLEN	
STREET ADDRESS	2138 NATURES GATE CT N		3.3 STREET ADDRESS	2138 NATURES GATE CT N	
CITY-ST-ZIP	FERNANDINA BEACH FL		3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change XX Addition
NAME	NORRIS, MARTI		4.2 NAME	BONNIE MAGEE	
STREET ADDRESS	848-A ELLEN ST		4.3 STREET ADDRESS	2121 CLINCH RD	
CITY-ST-ZIP	FERNANDINA BEACH FL		4.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change XX Addition
NAME	MAZUREK, JOYCE		5.2 NAME	TAMARA PENDLETON	
STREET ADDRESS	39 BEACHWALKER RD		5.3 STREET ADDRESS	2125 NATURES GATE CT N	
CITY-ST-ZIP	AMELIA ISLAND FL		5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change XX Addition
NAME	PADEN, MARC		6.2 NAME	TAMARA HOMER	
STREET ADDRESS	30 LAUREL OAK		6.3 STREET ADDRESS	2 JOANNA WY	
CITY-ST-ZIP	AMELIA ISALND FL		6.4 CITY-ST-ZIP	SHORT HILLS, NJ 07078	

CR2E037 (9/96)

5/1/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 4/1/97