

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41554

FILED
Feb 25, 2009
Secretary of State

Entity Name: JACKSONVILLE HERPETOLOGICAL SOCIETY INC.

Current Principal Place of Business:

1025 MUSEUM CIRCLE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 37336
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHUMAKER, ELIZABETH
1041 BUSAC AVE
JACKSONVILLE, FL 32205 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: P () Delete
Name: SHUMAKER, ROBERT
Address: 1041 BUSAC AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Delete
Name: HENDERSON, LESLIE
Address: 8001 FLORAL RIDGE CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T () Delete
Name: SHUMAKER, ELIZABETH
Address: 1041 BUSAC AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: SOA () Delete
Name: SAPP, JAMES
Address: 1041 BUSAC AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: S () Delete
Name: POPE, JOEL
Address: 2778 POST ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: MAL () Delete
Name: BUST, ADRIAN
Address: 1320 LAKEWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SAPP, JAMES
Address: 1041 BUSAC AVE
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: SOA (X) Change () Addition
Name: FRASE, MIKE
Address: 6840 CATLETT RD
City-St-Zip: ST. AUGUSTINE, FL 32095

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

Title: MAL (X) Change () Addition
Name: RUST, ADRIAN
Address: 1320 LAKEWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32207

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: ELIZABETH SHUMAKER

T

02/25/2009

Electronic Signature of Signing Officer or Director

Date