

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41554

FILED
Feb 17, 2012
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: 26-4631172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: SHUMAKER, ROBERT
Address: 1041 BUSAC AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP
Name: MANUCY, TIM
Address: 207 SHORE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

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

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

Title: S
Name: SIMMONS, LANIE
Address: 207 SHORE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MAL
Name: COLLINS, DINAH
Address: 10918 HAWAII DR. S
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH SHUMAKER

T

02/17/2012

Electronic Signature of Signing Officer or Director

Date