2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N51448

Entity Name: HUMANE SOCIETY OF GILCHRIST COUNTY, INC.

Current Principal Place of Business:

6739 NW 7TH PL
BELL, FL 32619 US

New Principal Place of Business:

Current Mailing Address:

6739 NW 7TH PL
BELL, FL 32619 US

New Mailing Address:

FEI Number: 59-3058427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELLERS-BAYER, CINDY
6739 NW 7TH PL
BELL, FL 32619 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:	BAYER-SELLERS, CINDY	
Address:	6739 NW 7TH PL	
City-St-Zip:	BELL, FL 32619	
Title:	VP	( ) Delete
Name:	BAYER, EDWARD	
Address:	6739 NW 7TH PL	
City-St-Zip:	BELL, FL 32619	
Title:	T	( ) Delete
Name:	KINNEY, TIMOTHY	
Address:	6730 NW 7TH PL.	
City-St-Zip:	BELL, FL 32619	
Title:	D	( ) Delete
Name:	DACOSTA, JEAN	
Address:	8441 NW 115TH ST	
City-St-Zip:	CHIEFLAND, FL 32626	
Title:	D	( ) Delete
Name:	FRASSRAND, LOUISE	
Address:	PO BOX 425	
City-St-Zip:	BELL, FL 32619	
Title:	S	( ) Delete
Name:	RENNER, KIMBERLY	
Address:	21 NE 580THST	
City-St-Zip:	OLD TOWN, FL 32680	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: EDWARD BAYER VP 01/15/2009

Electronic Signature of Signing Officer or Director — Date