2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004670

1. Entity Name
HUSTON ANIMAL SHELTER, INC.

Principal Place of Business	Mailing Address
910 N.W. HWY. 41 JASPER, FL 32052	POST OFFICE BOX 525 WHITE SPRINGS, FL 32096

04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3400445
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAVRONSKY, KERRY
15117 SE 100TH WAY
WHITE SPRINGS, FL 32096

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kerry Gavronsky 4-11-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

U00000303100
04/13/05-80099-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUSTON, MICHAEL D DVM
STREET ADDRESS	910 N.W. HWY. 41
CITY-ST-ZIP	JASPER, FL
TITLE	D
NAME	KNOX, KELLIE A
STREET ADDRESS	525 CARAWAY CT
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	D
NAME	GAVRONSKY, KERRY
STREET ADDRESS	15117 SE 100TH WAY
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	D
NAME	GROKETT, RUSSELL A
STREET ADDRESS	1187 DUNBAR CT
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	D
NAME	JARVIS, MADELINE
STREET ADDRESS	4420 TIMBER HOLLOW WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	SMITH, SANDRA
STREET ADDRESS	314 NW MAIN BLVD
CITY-ST-ZIP	LAKE CITY, FL 32055

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kerry Gavronsky 4-11-05 386-397-1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #