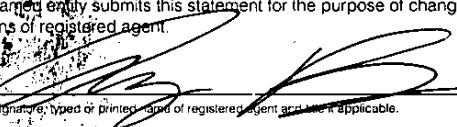
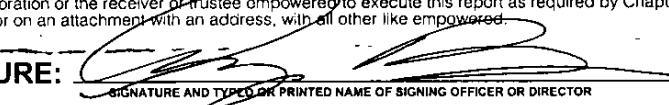


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 18, 2008 8:00 am
Secretary of State**

04-18-2008 90055 031 ****61.25

DOCUMENT # N97000004331			
1. Entity Name GADSDEN COUNTY HUMANE SOCIETY/G.O.A.L.S., INC.			
Principal Place of Business PO BOX 1268 HAVANA, FL 32333		Mailing Address PO BOX 1268 HAVANA, FL 32333	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
VAUGHT, MICHELE C 900 MYRTLE AVE QUINCY, FL 32351			
7. Name and Address of New Registered Agent Name Anaie Beam Street Address (P.O. Box Number is Not Acceptable) 115 Quail Hollow Rd City Havana FL 32333-5815			
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  <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>			
<small>(NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. \$5.00 May Be <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			
P VAUGHT, MICHELE C 900 MYRTLE AVE QUINCY, FL 32351		<input type="checkbox"/> Delete S	
V BLAINE, BILLIE 108 NE FIFTH STREET HAVANA, FL 32333		<input checked="" type="checkbox"/> Delete Jeanine Reynolds 7127 Beech Ridge Trl Tallahassee, FL 32312-3609	
S KEELEAN, MATT 474 CONRAD HILLS ROAD HAVANA, FL 32333		<input checked="" type="checkbox"/> Delete D	
T GRESS, NANCY STATE ROAD 27 HAVANA, FL 32333		<input type="checkbox"/> Delete 2500 Wayside Farm Rd	
T SINGLETON, MARCIA 1102 COLONIAL DR HAVANA, FL 32333		<input type="checkbox"/> Delete D	
 		<input type="checkbox"/> Delete Anaie Beam 115 Quail Hollow Rd Havana, FL 32333-5815	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
4/8/08 (850)294-0555 <small>Date Daytime Phone #</small>			