

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000021

FILED
May 29, 2007
Secretary of State

Entity Name: KEYSTONE HUMANE SOCIETY, INC.

Current Principal Place of Business:

6530 WOODLAND DRIVE
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

6628 WOODLAND DRIVE
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

6530 WOODLAND DRIVE
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

6628 WOODLAND DRIVE
KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-3603391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD. STE. 201
KEYSTONE HEIGHTS, FL 32656 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: DV () Delete
Name: JUDY, WAGENER
Address: 382 SE 57TH STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: DP () Delete
Name: BLOODGOOD, NANCY J
Address: 6530 WOODLAND DR.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: DST () Delete
Name: NELSON, EDWARD W
Address: 6630 WOODLAND DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: BLOODGOOD, NANCY J
Address: 6628 WOODLAND DR.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: NANCY J. BLOODGOOD

DP

05/29/2007

Electronic Signature of Signing Officer or Director

_____ Date