

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

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# N99000000021

Entity Name: KEYSTONE HUMANE SOCIETY, INC.

**Current Principal Place of Business:**

6628 WOODLAND DRIVE  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

6628 WOODLAND DRIVE  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

FEI Number: 59-3603391      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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: 6628WOODLAND 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:      ( ) 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: NANCY J. BLOODGOOD

DP

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date