

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:31

DOCUMENT # 719357 (6)  
1. Corporation Name  
PANHANDLE ANIMAL WELFARE SOCIETY, INC.

Principal Place of Business Mailing Address  
752 LOVEJOY ROAD 752 LOVEJOY ROAD  
FT. WALTON BEACH FL 32548-3845 FT WALTON BEACH FL 32548-3845  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1970 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-0815515 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
ANCHORS, C. LEDON  
909 MAR WALT DR STE 1014  
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	1.1 TITLE	MO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, DONNA	1.2 NAME	Blankenship Brian
STREET ADDRESS	559 COVE DRIVE	1.3 STREET ADDRESS	601 E Buegress Rd A4
CITY-ST-ZIP	FT WALTON BCH. FL	1.4 CITY-ST-ZIP	Pensacola FL 32604
TITLE	TD	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNWELL, SUE	2.2 NAME	Piponato Donna
STREET ADDRESS	241 YACHT CLUB DR	2.3 STREET ADDRESS	660 Golf Course Dr
CITY-ST-ZIP	FT WALTON BCH FL	2.4 CITY-ST-ZIP	FWB FL 32548
TITLE	PD	3.1 TITLE	VO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENASTON, NANCY	3.2 NAME	JEERY meloin
STREET ADDRESS	24 NEPTUNE DRIVE	3.3 STREET ADDRESS	940 Santa Rosa Bouat
CITY-ST-ZIP	MARY ESTHER FL	3.4 CITY-ST-ZIP	FWB FL 32548
TITLE	D	4.1 TITLE	TO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALUM, JAMES	4.2 NAME	DOE Thorough
STREET ADDRESS	300 OHIO PLACE	4.3 STREET ADDRESS	372 Coednee Dr OC
CITY-ST-ZIP	FT. WALTON BEACH FL	4.4 CITY-ST-ZIP	FWB FL 32548
TITLE	SD	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIDONATO, DONNA	5.2 NAME	JANE Scott
STREET ADDRESS	660 GOLF COURSE DRIVE	5.3 STREET ADDRESS	502 Massachusetts Ave
CITY-ST-ZIP	FT. WALTON BEACH FL	5.4 CITY-ST-ZIP	FWB FL 32547
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denise M. Thompson 1/23/95 94243-1525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. DIRECTOR Date Daytime Phone #