

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 719357 (6)

1. Corporation Name

PANHANDLE ANIMAL WELFARE SOCIETY, INC.



Principal Place of Business

Mailing Address

752 LOVEJOY ROAD  
FT. WALTON BEACH FL 32548-3845  
US

752 LOVEJOY ROAD  
FT WALTON BEACH FL 32548-3845

3. Date Incorporated or Qualified  
09/22/1970

3a. Date of Last Report  
01/30/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-0815515

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANCHORS, C. LEDON  
909 MAR WALT DR STE 1014  
FT. WALTON BEACH FL 32548

81 Name  
KATHLEEN REYNOLDS  
82 Street Address (P.O. Box Number is Not Acceptable)  
305 MAIN STREET  
83  
84 City  
DESTIN FL 85 Zip Code  
32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Kathleen Reynolds*  
Signature, type or printed name of registered agent, and title if applicable

Kathleen Reynolds

Jan. 18, 1996

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	MD	<input type="checkbox"/> DELETE
NAME	BLANKENSHIP, BRIEN	
STREET ADDRESS	601 E. BURGESS ROAD. APT. A-4	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIDONATO, DONNA	
STREET ADDRESS	660 GOLF COURSE DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MELVIN, JERRY	
STREET ADDRESS	840 SANTA ROSA COURT	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOROUGH, DOE	
STREET ADDRESS	372 GARDNER DRIVE, NE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCOTT, JANE	
STREET ADDRESS	502 MASSACHUSETTS AVENUE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or as an attachment with an address.

SIGNATURE: *Brien Blankenship* BRIEN BLANKENSHIP 1-18-96 (904)243-1525  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)