**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 719357**

PANHANDLE ANIMAL WELFARE SOCIETY, INC.

Principal Place of Business 752 LOVEJOY ROAD

Mailing Address 752 LOVEJOY ROAD

FT. WALTON BEACH FL 32548-3845 US

FT WALTON BEACH FL 32548-3845

**FILED** Feb 26, 1999 8:00 am § Secretary of State

02-26-1999 90007 045 \*\*\*\*70.00

		BiB

2. Data Incorporated or Qualifed

2. Principal Place of Business		26 Mailing Address			09/22/1970					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number		Apı	olied For		
22	, 5.5.	27			59-0815515		Not	Applicable		
City & Stat	e	City & State		-	E. Contifered of Status Deciron	<b></b>	\$8.75 A	dditional		
23		28			5. Certifcate of Status Desired	<b>2</b> 5	Fee Re	quired		
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be		
24	25	29	30	Trust Fund Contribution Adde			Added to	Fees		
•	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Reg	istered Ag	ent			
			81	Name						
REYNOLDS, KATHLEEN			82	Street Addr	et Address (P.O. Box Number is Not Acceptable)					
305 MAIN STREET										
DESTIN FL 32541			83							
OLOTHAT E GEOTT			84	City			85 Zip C	ode		
				_	·	FL	'			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abov	e-named corp	oration submits this statement for the pu	rpose of ch	anging its	registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	tnonzea by	tne corporation	on's board of directors. I hereby accept t	ле арроіпи	nent as reç	listered		
J	in laminal with, and accept the obligation	ons of, decitor of resource from	aa otototo	•	•					
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE:	Registered Age	st signature require	d when reinstating)	DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC					
TITLE	D	☐ DELETE	1,1 TITLE			Į.	_ Change	☐ Addition		
NAME	THOMPSON, DEE		1.2 NAME							
STREET ADDRESS	364 BROOKWOOD BLVD		1.3 STREE	TADORESS						
CITY-ST-ZIP	MARY ESTHER FL 32569		1.4 CITY- 8							
TITLE	PD	E¥ DELETE	2.1 TITLE	18	12	(	Change	Addition		
NAME	KENSTON, NANCY		2.2 NAME		not Hamburd					
STREET ADDRESS	24 NEPTUNE DR		2.3 STREE	T ADDRESS	121 wasn's expect 1	3120				
CITY-ST-ZIP	MARY ESTHER FL 32569		2. 4 CITY-	ST-ZIP	walt Humphrey 151 macy Esther suite you mie.	ېر 5	८ऽ७९			
TITLE	TD	☐ DELETE	3.1 TITLE			ĺ	Change	Addition		
NAME.	BURKS, STEVE		3.2 NAME							
STREET ADDRESS	P O BOX 4084		3.3 STREE	T ADDRESS						
CITY-ST-ZIP	FWB FL 32549		3.4. CITY-	ST-ZIP						
TITLE	SD	<b>₩</b> DELETE	4.1 TITLE	4	.0		Change	Addition		
NAME	FLOWERS-BRUNS, SHARI	•	4. 2 NAME							
STREET ADDRESS	41 E AUDREY DR		4.3 STREE	TADDRESS .	conston, Dancy 1 wepture DR many esther	_		_		
CITY-ST-ZIP	FWB FL 32548		4.4 CITY-S	T-ZIP	mary esther	FL	375	<del>6</del> 9		
TITLE		☐ DELETE	5.1 TITLE		3		Change	☐ Addition		
NAME			5.2 NAME	1						
STREET ADDRESS			5.3 STREE	TADDRESS						
CITY-ST-ZIP			5,4 CITY- \$	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition		
NAME			6.2 NAME					•		
STREET ADDRESS			6.3 STREE	T ADDRESS						
CITY, ST. ZIP			6.4 CITY-5							
14. I hereby	certify that the information supplied with	this filing does not qualify for	the exempt	ion stated in	Section 119.07(3)(i), Florida Statutes. I fi	urther certify	that the i	nformation		

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 if changed, or on an attachment with an address, with all other like empowered.

850-243-1525