

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90011 012 \*\*\*\*70.00

**DOCUMENT # 719357**  
 1. Entity 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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0815515**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**REYNOLDS, KATHLEEN**  
**305 MAIN STREET**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City                      **FL**      Zip Code

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

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

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, DEE</b> <b>364 BROOKWOOD BLVD</b> <b>MARY ESTHER, FL 32569</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WALT, HUMPHREY</b> <b>151 MARY ESTHER BLVD., SUITE 408</b> <b>MARY ESTHER, FL 32569</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D</b> <b>Barnwell, Jerry</b> <b>241 Yacht Club Dr</b> <b>F.W.B., FL 32547</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BURKS, STEVE</b> <b>P O BOX 4084</b> <b>FWB FL 32549</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Browne Robert</b> <b>4071 Burning Tree</b> <b>Destin FL 32541</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KENSTON, NANCY</b> <b>24 NEPTUNE DR</b> <b>MARY ESTHER FL 32569</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Kenaston Nancy</b> <b>241 Neptune Dr</b> <b>Mary Esther FL 32569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Koon Aileen</b> <b>Daily News</b> <b>F.W.B FL 32545</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** \_\_\_\_\_ **Director**      Date: **01/04/2000**      Daytime Phone #: **850-243-1575**