

DOCUMENT # 719357

1. Entity Name
PANHANDLE ANIMAL WELFARE SOCIETY, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90060 044 ****70.00



DO NOT WRITE IN THIS SPACE

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

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

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	
TITLE	D <input type="checkbox"/> Delete
NAME	THOMPSON, DEE
STREET ADDRESS	364 BROOKWOOD BLVD
CITY-ST-ZIP	MARY ESTHER FL 32569
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	BARNWELL, JERRY
STREET ADDRESS	241 YACHT CLUB DRIVE
CITY-ST-ZIP	DESTIN-FL-32541
TITLE	TD <input type="checkbox"/> Delete
NAME	BROWNE, ROBERT
STREET ADDRESS	4071 BURNING TREE
CITY-ST-ZIP	DESTIN FL 32541
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	KENSTON, NANCY
STREET ADDRESS	24 NEPTUNE DR
CITY-ST-ZIP	MARY ESTHER FL 32569
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	KOON, AILEEN
STREET ADDRESS	DAILY NEWS
CITY-ST-ZIP	FORT WALTON BEACH FL 32548
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Crews
STREET ADDRESS	106 Point Comfort Rd
CITY-ST-ZIP	Mary Esther FL 32569
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Almut Flentge Paeker
STREET ADDRESS	623 W. Sunset Blvd
CITY-ST-ZIP	PMB FL 32548
TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Durnam
STREET ADDRESS	P.O. Box 524
CITY-ST-ZIP	Niceville FL 32585
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/02/01 850-243-1588
Date Daytime Phone #

CR2E037 (10/00)