


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90048 006 ****61.25

DOCUMENT # 719357					
1. Entity Name PANHANDLE ANIMAL WELFARE SOCIETY, INC.					
Principal Place of Business 752 LOVEJOY ROAD FT. WALTON BEACH, FL 32548-3845 US			Mailing Address 752 LOVEJOY ROAD 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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VIOLETTE, MARK 4481 LEGENDARY DR DESTIN, FL 32541			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, DEE		NAME	Marilyn Tennell	
STREET ADDRESS	364 BROOKWOOD BLVD		STREET ADDRESS	120 Lowery Pl	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	FWB FL 32548	
TITLE	D Pres	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, GEORGE		NAME		
STREET ADDRESS	106 POINT COMFORT RD		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLENTAGE PARKER, ALMUT		NAME		
STREET ADDRESS	623 W SUNSET BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT. WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMNAM, DONNA		NAME		
STREET ADDRESS	P. O. BOX 524		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32583		CITY-ST-ZIP		
TITLE	Vice Pres	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, CINDY		NAME		
STREET ADDRESS	345 SUDDITH CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH,, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENASTON, NANCY		NAME		
STREET ADDRESS	24 NEPTUNE DR.		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 32569		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 817, 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: <i>Dee Thompson</i>		<i>Executive Director</i>		1/5/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small> 850 243-1525	

