

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 014 ****61.25

DOCUMENT # 754178

1. Entity Name

FLAGLER COUNTY HUMANE SOCIETY INCORPORATED



Principal Place of Business

**1 SHELTER DRIVE
PALM COAST FL 32137
US**

Mailing Address

**1 SHELTER DRIVE
PALM COAST FL 32137
US**

94014906



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2247034

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAYER, DENNIS K
306 S. OCEANSHORE BLVD
FLAGLER BEACH FL 32136**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **DP** ☒ Delete
NAME **CARLSON, DAVID**
STREET ADDRESS **7 PLACE CONCORDE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **DP** ☒ Change ☐ Addition
NAME **Lucy Avellar**
STREET ADDRESS **3 Waywood Place**
CITY-ST-ZIP **Palm Coast, FL 32164**

TITLE **DT** ☒ Delete
NAME **ROBINSON, LINDA**
STREET ADDRESS **9661 WEST HWY 100**
CITY-ST-ZIP **BUNNELL FL**

TITLE **DT** ☒ Change ☐ Addition
NAME **Suzanne Schagen**
STREET ADDRESS **3 Ryley Lane**
CITY-ST-ZIP **Palm Coast, FL 32164**

TITLE **DVP** ☐ Delete
NAME **WOOD, JOYCE**
STREET ADDRESS **70 COURTNEY OLACE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **DVP** ☐ Change ☐ Addition
NAME **Joyce Wood**
STREET ADDRESS **70 COURTNEY PLACE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **DHT** ☐ Delete
NAME **VERNIER, DOROTHY**
STREET ADDRESS **22 WELLSTREAM LANE**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **DAT** ☐ Change ☐ Addition
NAME **Dorothy Vernier**
STREET ADDRESS **22 Wellstream Lane**
CITY-ST-ZIP **Palm Coast, FL 32164**

TITLE **DAS** ☒ Delete
NAME **ROBERTS, JANET**
STREET ADDRESS **4 VIA ROMA**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **KORWEK, JUDITH**
STREET ADDRESS **27 COOL WATER COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **DS** ☐ Change ☐ Addition
NAME **Judith Korwek**
STREET ADDRESS **27 Cool Water Court**
CITY-ST-ZIP **PALM COAST, FL 32137**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy Vernier **DOROTHY VERNIER** Director *Asst Treasurer*

Date **1-386-445-1814** 1-386-445-4947