

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 010 ****70.00

DOCUMENT # 754178

1. Entity Name
FLAGLER HUMANE SOCIETY, INC.



Principal Place of Business
**1 SHELTER DRIVE
PALM COAST, FL 32137 US**

Mailing Address
**1 SHELTER DRIVE
PALM COAST, FL 32137 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

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

**AVELLAR, LUCY M
3 WAYWARD PLACE
PALM COAST, FL 32164**

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

SIGNATURE

Lucy M Avellar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	AVELLAR, LUCY	
STREET ADDRESS	3 WAYWOOD PLACE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VERNIER, DOROTHY	
STREET ADDRESS	22 WELLSTREAM LANE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ZASLAVSKY, DAVID	
STREET ADDRESS	1 CLINTON CT	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	DHT	<input checked="" type="checkbox"/> Delete
NAME	THULIN, BETH	
STREET ADDRESS	1022 S. DAYTONA AVE.	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PRESLEY, YVONNE	
STREET ADDRESS	3 CARDWELL CT	
CITY-ST-ZIP	PALM COAST, FL 32137	
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	DT (Assistant Treasurer)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT (Treasurer)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris MacDonald	
STREET ADDRESS	116 Birchwood Drive	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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:

Lucy M Avellar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

Date

Daytime Phone #