

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90044 035 \*\*\*\*70.00

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01202005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N01000005580</b> 1. Entity Name <b>CITIZENS FOR HUMANE ANIMAL TREATMENT OF WAKULLA, INC.</b>					
Principal Place of Business <b>107 WILDLIFELANE CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>P.O. BOX 1195 CRAWFORDVILLE, FL 32326</b>		
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 <b>59-3738417</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WILSON, BARBARA 107 WILDLIFELANE CRAWFORDVILLE, FL 32327</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILSON, BARBARA 107 WILDLIFE LANE CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ANNE VAN METER 1945 SURF ROAD PANACEA, FL 32346</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HARRELL, SUZANNE 2115 SHADEVILLE ROAD CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARRELL, SUZANNE 2115 SHADEVILLE ROAD CRAWFORDVILLE, FL 32327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARP, SUSAN 170 SHEPHERDWOOD DRIVE CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CLIFTON, HEIDE 382 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CLIFTON, HEIDE 382 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALTON, SUZANN 24 IRONWOOD CT CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EAKIN, JANICE C 149 MULBERRY CIRCLE CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROMERO, JEFF, DVM 3720 COASTAL HWY. CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NOFTZ, CHRISTY 300 LONNIE RAKER LANE CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUGHES, FAITH, DVM 1688 SHADEVILLE HWY CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE: Heide Clifton, HEIDE CLIFTON</b> <span style="float: right;">1/26/05 850-926-3849</span>					