


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90020 026 ****70.00

DOCUMENT # N01000005580 1. Entity Name CITIZENS FOR HUMANE ANIMAL TREATMENT OF WAKULLA, INC.					
Principal Place of Business 382 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327			Mailing Address P.O. BOX 1195 CRAWFORDVILLE, FL 32326		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLIFTON, HEIDE 382 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	P CLIFTON, HEIDE <input checked="" type="checkbox"/> Delete 382 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Delete NOFTZ, CHRISTY 300 LONNIE RAKER LANE CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition FOR THE COMPLETE NEW SLATE OF OFFICERS AND DIRECTORS FOR 2007	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete VAN METER, ANNE 251 LEVY BAY RD PANACEA, FL 32346		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete WOOD, NANCY 561 MASHES SAND RD PANACEA, FL 32346		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete WILSON, BARBARA 107 WILDLIFE LANE CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete CARRAWAY-EAKIN, JANICE 149 MULBERRY CIR CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Heide Clifton, President, HEIDE CLIFTON, 2/20/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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926-3849

ATTACHMENT

60017225

Document # N01000005580

Attachment to Block 11 List of Officers and Directors for 2007

P

Clifton, Heide
382 Crawfordville Hwy.
Crawfordville, FL 32327

V

Mansfield-Wilson, Barbara
107 Wildlife Lane
Crawfordville, FL 32327

T

Van Meter, Anne
251 Levy Bay Road
Panacea, FL 32346

S

Harp, Susan
170 Shepherdwood Drive
Crawfordville, FL 32327

D

Noftz, Christy
300 Lonnie Raker Lane
Crawfordville, FL 32327

D

Wood, Nancy
561 Mashers Sand Road
Panacea, FL 32346

D

Carraway-Eakin, Janice
149 Mulberry Circle

ATTACHMENT

60017225

#N01000005580

Crawfordville, FL 32327

D

Revell, Kristie
829 Sopchoppy Hwy.
Sopchoppy, FL 32358

D

Hughes, Faith, DVM
1688 Shadeville Road
Crawfordville, FL 32327

D

McCarthy, Glenda
3131 Shadeville Road
Crawfordville, FL 32327

D

Yelton, Susan
232 Rosehill Drive, N.
Tallahassee, FL 32312