

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005580

FILED
Jan 12, 2012
Secretary of State

Entity Name: CITIZENS FOR HUMANE ANIMAL TREATMENT OF WAKULLA, INC.

Current Principal Place of Business:

382 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1195
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-3738417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLIFTON, HEIDE
382 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROSS, PAT
Address: 82 PARK CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V
Name: CLIFTON, HEIDE
Address: 382 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: VAN METER, ANNE
Address: 251 LEVY BAY RD
City-St-Zip: PANACEA, FL 32346

Title: S
Name: SHUFF, PETRA
Address: 87 TUPELO DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: REVELL, KRISTIE
Address: 18 CALVARY COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: HUGHES, FAITH DVM
Address: 1688 SHADEVILLE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETRA SHUFF

S

01/12/2012

Electronic Signature of Signing Officer or Director

Date