Entity Name: PANHANDLE ANIMAL WELFARE SOCIETY, INC.			Secretary of State CC8316020875
752 LOVEJOY	ncipal Place of Business: ROAD EACH, FL 32548-3845		CC0316020875
Current Mai	ling Address:		
752 LOVEJO FT. WALTO	DY ROAD N BEACH, FL 32548-3845 US		
FEI Number: 59-0815515			Certificate of Status Desired: Yes
Name and A	Address of Current Registered Agen	t:	
	STRIP PARKWAY N BEACH, FL 32548 US		
The above name			
The above hamed	a entity submits this statement for the purpose of char	ging its registered office or regis	tered agent, or both, in the State of Florida.
	E: JILL CREW	ging its registered office or regis	tered agent, or both, in the State of Florida. 01/10/2017
	, , , ,	ging its registered office or regis	
	E: JILL CREW Electronic Signature of Registered Agent	ging its registered office or regis	01/10/2017
SIGNATURE	E: JILL CREW Electronic Signature of Registered Agent	ging its registered office or regis	01/10/2017
SIGNATURE Officer/Dire	E: JILL CREW Electronic Signature of Registered Agent Ctor Detail :		01/10/2017 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : VP	Title	01/10/2017 Date
SIGNATURE Officer/Dire Title Name Address	E: JILL CREW Electronic Signature of Registered Agent Ctor Detail : VP RAMONE, WOOFY	Title Name	01/10/2017 Date PRESIDENT STINE, BONNIE 752 LOVEJOY ROAD
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : VP RAMONE, WOOFY 752 LOVEJOY ROAD	Title Name Address	01/10/2017 Date PRESIDENT STINE, BONNIE 752 LOVEJOY ROAD

Address

752 LOVEJOY ROAD City-State-Zip: FT. WALTON BEACH FL 32548-3845

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719357

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: DEE THOMPSON

752 LOVEJOY RD

City-State-Zip: FORT WALTON BEACH FL 32548

Address

01/10/2017 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

FILED Jan 10, 2017