

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005580

**Entity Name:** CITIZENS FOR HUMANE ANIMAL TREATMENT OF WAKULLA, INC.**FILED**  
**Jan 17, 2014**  
**Secretary of State**  
**CC0038897217****Current Principal Place of Business:**87 TUPELO DR  
CRAWFORDVILLE, FL 32327**Current Mailing Address:**P.O. BOX 1195  
CRAWFORDVILLE, FL 32326**FEI Number: 59-3738417****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SHUFF, PETRA M  
87 TUPELO DR  
CRAWFORDVILLE, FL 32327 US*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: PETRA M SHUFF****01/17/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	HUGHES, FAITH
Address	1688 SHADEVILLE ROAD
City-State-Zip:	CRAWFORDVILLE FL 32327

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

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

Title	S
Name	CASTO, DEBBIE
Address	302 DUNCAN DR
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	P
Name	EAKIN, JANICE
Address	149 MULBERRY CIRCLE
City-State-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****V****01/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date