

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005580

Entity Name: PAWS OF WAKULLA, INC.**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:** No**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

01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	HUGHES, FAITH
Address	P O BOX 1344
City-State-Zip:	CRAWFORDVILLE FL 32326

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

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

Title	VP
Name	FRAZEY, RICK
Address	34 KIRTON FRAZEY ROAD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	TREASURER
Name	WOODALL, AVA
Address	35 EDGEWOOD DRIVE
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**SECRETARY**

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date