

**2023 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

01/31/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HUEBNER, JESSICA  
Address        34 FIRE ESCAPE ROAD  
City-State-Zip: ST MARKS FL 32355

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

Title            PAST PRESIDENT  
Name            BURDETTE, JEANETTE  
Address        496 OAKWOOD TRAIL  
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            HANKS, CARLA  
Address        34 CORAL WAY  
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 M SHUFF**SECRETARY**

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date