#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000044

Entity Name: ST. JOSEPH BAY HUMANE SOCIETY, INC.

FILED Mar 11, 2016 Secretary of State CC8084233725

# **Current Principal Place of Business:**

1007 TENTH STREET PORT ST. JOE. FL 32456

## **Current Mailing Address:**

1007 TENTH STREET PORT ST. JOE, FL 32456

FEI Number: 59-3487791 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

TOWNSEND, MELODY 1007 10TH STREET PORT ST. JOE, FL 32456 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title EXECUTIVE DIRECTOR Title	PRESIDENT
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NameTOWNSEND, MELODYNameVAN TREESE, BARBARAAddress1007 10TH STREETAddress1311 MCCLELLAND AVECity-State-Zip:PORT ST. JOE FL 32456City-State-Zip:PORT ST. JOE FL 32456

Title VP Title TREASURER

Name CHRISTY, SANDI Name MINZNER, AL

Address 122 MARINER LANE Address 7991 CAPE SAN BLAS RD

City-State-Zip: PORT SAINT JOE FL 32456 City-State-Zip: PORT SAINT JOE FL 32456

TitleSECRETARYTitleBOARD DIRECTORNameDAVIS, JILLNameBURKETT, DIANAAddress162 CAPE SAN BLAS RD.Address1910 JUNIPER AVE.

City-State-Zip: PORT ST. JOE FL 32456 City-State-Zip: PORT ST. JOE FL 32456

TitleBOARD DIRECTORTitleBOARD MEMBERNameMAHAN, BILLNameWELCH, BENAddressP.O. BOX 63Address1102 AVENUE A

City-State-Zip: PORT ST. JOE FL 32457 City-State-Zip: PORT ST. JOE FL 32456

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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: MELODY TOWNSEND

**EXECUTIVE DIRECTOR** 

03/11/2016

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleBOARD DIRECTORTitleBOARD DIRECTORNameBAIRD, VIEVIENameMAGIDSON, MELAddress1713 BROOKSIDE BOULEVARDAddress528 SIXTH ST.

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: PORT SAINT JOE FL 32456