

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000044

**Entity Name:** ST. JOSEPH BAY HUMANE SOCIETY, INC.**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:** No**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  
Name TOWNSEND, MELODY  
Address 1007 10TH STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR  
Name VAN TREESE, BARBARA  
Address 1311 MCCLELLAND AVE  
City-State-Zip: PORT ST. JOE FL 32456

Title TREASURER  
Name MINZNER, AL  
Address 7991 CAPE SAN BLAS RD  
City-State-Zip: PORT SAINT JOE FL 32456

Title SECRETARY  
Name DAVIS, JILL  
Address 162 CAPE SAN BLAS RD.  
City-State-Zip: PORT ST. JOE FL 32456

Title BOARD DIRECTOR  
Name BURKETT, DIANA  
Address 1910 JUNIPER AVE.  
City-State-Zip: PORT ST. JOE FL 32456

Title BOARD DIRECTOR, PRESIDENT  
Name MAHAN, BILL  
Address P.O. BOX 63  
City-State-Zip: PORT ST. JOE FL 32457

Title BOARD DIRECTOR, VP  
Name BAIRD, VIEVIE  
Address 1713 BROOKSIDE BOULEVARD  
City-State-Zip: TALLAHASSEE FL 32301

Title BOARD DIRECTOR  
Name MAGIDSON, MEL  
Address 528 SIXTH ST.  
City-State-Zip: PORT SAINT JOE FL 32456

**Continues on page 2**

*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****05/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           ALTERNATE, DIRECTOR  
Name           VACCO, CHERYL  
Address        109 PLOVER DR.  
City-State-Zip: PORT ST. JOE FL 32456

Title           ALTERNATE, DIRECTOR  
Name           GRIFFITH, SHARON  
Address        433 CAPE SAN BLAS RD.  
City-State-Zip: PORT ST. JOE FL 32456

Title           ALTERNATE, DIRECTOR  
Name           PINSON, JUNE  
Address        10 RED CYPRESS CT.  
City-State-Zip: MANDIVILLE LA 70471

Title           DIRECTOR  
Name           DODSWORTH, SHERRI  
Address        7190 LEEWARD ST  
City-State-Zip: PORT ST. JOE FL 32456