

2022 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:**KELLY, MARY C
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:** MARY C KELLY

02/20/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title PRESIDENT
Name BURKETT, DIANA
Address 1007 TENTH STREET
City-State-Zip: PORT ST. JOE FL 32456

Title ALTERNATE DIRECTOR
Name PATTERSON, HILARY
Address 1007 TENTH STREET
City-State-Zip: PORT ST. JOE FL 32456

Title SECRETARY/DIRECTOR
Name COMFORTER, ANN
Address 1007 TENTH STREET
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR
Name SHOAF, ANDY
Address 1007 TENTH STREET
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: MARY C KELLY

ALTERNATE DIRECTOR

02/20/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ALTERNATE DIRECTOR
Name KELLY, MARY
Address 1007 TENTH STREET
City-State-Zip: PORT ST. JOE FL 32456

Title ALTERNATE DIRECTOR
Name WINDOLF, DELORES
Address 1007 TENTH STREET
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR
Name BROGDON, MADELO
Address 1007 TENTH STREET
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR
Name WHITE, JOHANNA
Address 1007 TENTH STREET
City-State-Zip: PORT ST. JOE FL 32456