

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 710083 (7)

1. Corporation Name

ST. AUGUSTINE HUMANE SOCIETY



Principal Place of Business: 1665 OLD MOULTRIE ROAD ST. AUGUSTINE FL 32086-5158  
Mailing Address: 1665 OLD MOULTRIE ROAD ST. AUGUSTINE FL 32086-5158

3. Date incorporated or Qualified: 12/21/1965  
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number: 59-1324680 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

POOLE, SHARON  
20 CORDOVA STREET  
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 19A McMillan Street  
83  
84 City: FL 85 Zip Code: 32095

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILES, DORIS	
STREET ADDRESS	601 PEGGY PL	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LETTS, GEORGE	
STREET ADDRESS	35 SNIENANDOAH ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BECKETT, RACHEL	
STREET ADDRESS	1079 WINTERHAWK DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAUDLE, DIANE	
STREET ADDRESS	228 CYPRESS RD.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JUDITH GINN	
23 STREET ADDRESS	6784 A Avenue	
24 CITY-ST-ZIP	St Augustine FL 32086	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Letts, George	
53 STREET ADDRESS	35 Snienandoah St	
54 CITY-ST-ZIP	St Augustine 32084	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris Wiles Doris Wiles 4/24/96 904-829-2737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)