FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:36

DOCUMENT # 737513 (2)

1. Corporation Name

THE HUMANE SOCIETY OF WALTON COUNTY, FLORIDA, IN C.

Principal Place of Business	Mailing Address
157 SHELTER RD DEFUNIAK SPRINGS FL 32433 US	157 SHELTER RD DEFUNIAK SPRINGS FL 32433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1976
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1731206 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WHEELER, SCOTT
N STEELE CHURCH ROAD
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	REGISTER, PATSY	12 NAME	
STREET ADDRESS	N STEELE CHURCH ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	MC FARLAND, LORRAINE	22 NAME	
STREET ADDRESS	HWY 90 EAST	23 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WHEELER, SCOTT	32 NAME	
STREET ADDRESS	N STEELE CHURCH ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	PENNEWELL, BILLIE C.	42 NAME	
STREET ADDRESS	PINE HILL ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS FL	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	JENKINS, SANDRA	52 NAME	
STREET ADDRESS	HIGHWAY 20	53 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	BARRY, PATRICK, DVM	62 NAME	
STREET ADDRESS	HIGHWAY 98	63 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	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: Lorraine S. McFarland Treasurer-director 4-10-95 904-892-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LORRAINE S. McFARLAND

0028868