

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 # **737513** (2)

1. Corporation Name

THE HUMANE SOCIETY OF WALTON COUNTY, FLORIDA, INC.



Principal Place of Business

Mailing Address

157 SHELTER RD
DEFUNIAK SPRINGS FL 32433
US

157 SHELTER RD
DEFUNIAK SPRINGS FL 32433
US

3. Date Incorporated or Qualified **12/13/1976** 3a. Date of Last Report **04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country 25 Country 26 Zip Country 30

4. FEI Number

59-1731206

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

10. Name and Address of New Registered Agent

**WHEELER, SCOTT
N STEELE CHURCH ROAD
DEFUNIAK SPRINGS FL 32433**

81 Name **MELINDA L. WATSON**
82 Street Address (P.O. Box Number is Not Acceptable) **3295 OTTER POND ROAD**
83
84 City **Westville** FL 85 Zip Code **32464**

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 **MELINDA L. WATSON**

(NOTE: Registered Agent signature required when reinstating)

1-18-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **REGISTER, PATSY**
STREET ADDRESS **N STEELE CHURCH ROAD**
CITY-ST-ZIP **DEFUNIAK SPRGS FL**

TITLE **TD** ☒ DELETE
NAME **MC FARLAND, LORRAINE**
STREET ADDRESS **HWY 90 EAST**
CITY-ST-ZIP **DEFUNIAK SPRGS, FL 00000**

TITLE **D** ☒ DELETE
NAME **WHEELER, SCOTT**
STREET ADDRESS **N STEELE CHURCH ROAD**
CITY-ST-ZIP **DEFUNIAK SPRGS, FL 00000**

TITLE **DP** ☒ DELETE
NAME **PENNEWELL, BILLIE C.**
STREET ADDRESS **PINE HILL ROAD**
CITY-ST-ZIP **DEFUNIAK SPRGS FL**

TITLE **DS** ☐ DELETE
NAME **JENKINS, SANDRA**
STREET ADDRESS **HIGHWAY 20**
CITY-ST-ZIP **FREEPORT FL**

TITLE **DV** ☐ DELETE
NAME **BARRY, PATRICK, DVM**
STREET ADDRESS **HIGHWAY 98**
CITY-ST-ZIP **DESTIN FL**

1.1 TITLE **DP** ☒ Change ☒ Addition
1.2 NAME **MELINDA L. WATSON**
1.3 STREET ADDRESS **3295 OTTER POND RD.**
1.4 CITY-ST-ZIP **Westville, Florida 32464**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **Carol Copenhagen**
2.3 STREET ADDRESS **Hwy 331**
2.4 CITY-ST-ZIP **Defuniek Springs, FL 32433**

3.1 TITLE **DS** ☐ Change ☒ Addition
3.2 NAME **JOAN SORRELLS**
3.3 STREET ADDRESS **359 Hwy. 81 South**
3.4 CITY-ST-ZIP **Ponce de Leon, FL 32455**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Dr Jack Blackwood**
4.3 STREET ADDRESS **1640 US. Hwy. 90 West**
4.4 CITY-ST-ZIP **Defuniek Springs, FL 32433**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Jenkins, Sandra**
5.3 STREET ADDRESS **Highway 20**
5.4 CITY-ST-ZIP **Freeport, FL 32459**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-96 (204) 892-8671

CR2E037 (12/95)