

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737513 (2)
1. Corporation Name
THE HUMANE SOCIETY OF WALTON COUNTY, FLORIDA, INC.



Principal Place of Business 157 SHELTER RD DEFUNIAK SPRINGS FL 32433 US	Mailing Address 157 SHELTER RD DEFUNIAK SPRINGS FL 32433 US
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3. Date Incorporated or Qualified 12/13/1976	3a. Date of Last Report 01/24/1996
4. FEI Number 59-1731206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSON, MELINDA L
3295 OTTER POND RD.
WESTVILLE FL 32464**

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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, MELINDA L		1.2 NAME	
STREET ADDRESS 3295 OTTER POND RD		1.3 STREET ADDRESS	
CITY-ST-ZIP WESTVILLE FL 32464		1.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COPENHAVER, CAROL		2.2 NAME Bergland, Bob	
STREET ADDRESS HWY 331		2.3 STREET ADDRESS 193 Royal Palm Ave.	
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433		2.4 CITY-ST-ZIP Defuniak Springs, FL 32433	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SORRELLS, JOAN		3.2 NAME Winchester, Joan	
STREET ADDRESS 359 HWY 81 SOUTH		3.3 STREET ADDRESS 2409 Wisteria Ave	
CITY-ST-ZIP PONCE DE LEON FL 32455		3.4 CITY-ST-ZIP Gustine, FL 32539	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACKWELL, JACK DR		4.2 NAME	
STREET ADDRESS 1640 US HWY 90 WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENKINS, SANDRA		5.2 NAME	
STREET ADDRESS HIGHWAY 20		5.3 STREET ADDRESS	
CITY-ST-ZIP FREEPORT FL 32459		5.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRY, PATRICK, DVM		6.2 NAME	
STREET ADDRESS HIGHWAY 98		6.3 STREET ADDRESS	
CITY-ST-ZIP DESTIN FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)