

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **737513** (2)
1. Corporation Name
THE HUMANE SOCIETY OF WALTON COUNTY, FLORIDA, IN C.

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| 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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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|--|---------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 12/13/1976 | 4. FEI Number 59-1731206 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| 9. Name and Address of Current Registered Agent WATSON, MELINDA L 3295 OTTER POND RD. WESTVILLE FL 32464 | 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 |
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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 _____

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|----------------------------|---|---|-----------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP WATSON, MELINDA L 3295 OTTER POND RD WESTVILLE FL 32464 | 1.1 TITLE | |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | TD BERGLAND, BOB 193 ROYAL PALM AVE DEFUNIAK SPRINGS FL | 2.1 TITLE | |
| NAME | | 2.2 NAME | Berglund Robert |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 193 Royal Palm Ave. |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | DeFuniak Springs, Fl. |
| TITLE | D WINCHESTER, JOAN 2909 WISTERIA AVE CRESTVIEW FL | 3.1 TITLE | |
| NAME | | 3.2 NAME | Penniwell Billie |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 4 Englebrecht Rd. |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | DeFuniak Springs, Fl. |
| TITLE | D BLACKWELL, JACK DR 1640 US HWY 90 WEST DEFUNIAK SPRINGS FL 32433 | 4.1 TITLE | |
| NAME | | 4.2 NAME | Blackman Bob |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1229 S. 2nd St. |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | DeFuniak Springs, Fl. |
| TITLE | DS JENKINS, SANDRA HIGHWAY 20 FREEPORT FL | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | DV BARRY, PATRICK, DVM HIGHWAY 98 DESTIN FL | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I 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.

SIGNATURE: *Melinda Watson* 1-21-98 (850) 859-0019

CR2E037 (10/97)