

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90022 008 \*\*\*\*61.25

**DOCUMENT # 737513**

1. Corporation Name

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

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

Mailing Address  
157 SHELTER RD  
DEFUNIAK SPRINGS FL 32433  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/13/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1731206

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 25 29 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

*Melinda L. Watson* **Melinda L. Watson** **BOARD PRESIDENT** **3/23/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **WATSON, MELINDA L**  
STREET ADDRESS **3295 OTTER POND RD**  
CITY-ST-ZIP **WESTVILLE FL 32464**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **BERGLUND, ROBERT**  
STREET ADDRESS **193 ROYAL PALM AVE**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **PENNIWELL, BILLIE**  
STREET ADDRESS **4 ENGLEBREGT RD**  
CITY-ST-ZIP **DEFUNIAK SPRGS FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **BLACKMAN, BOB**  
STREET ADDRESS **1229 S 2ND ST**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Melinda L. Watson* **Melinda L. Watson** **BOARD PRESIDENT** **3/23/99** **(850) 892-2823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)