2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 737513 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** THE HUMANE SOCIETY OF WALTON COUNTY, FLORIDA, IN 01-24-2000 90101 016 ****61.25 Principal Place of Business Mailing Address 157 SHELTER RD 157 SHELTER RD DEFUNIAK SPRINGS FL 32433-5352 DEFUNIAK SPRINGS FL 32433 . **600000**0 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1731206 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (P.O. Box Number is Not Acceptable) WATSON, MELINDA L 3295 OTTER POND RD. WESTVILLE FL 32464 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DIRECTOR Addition ☐ Change DP. TITLE TITLE Delete Inge Clark WATSON, MELINDA L NAME NAME 1745 WALTON ROAD STREET ADDRESS STREET ADDRESS 3295 OTTER POND RD DE FUN'AKSPRINGS, F1. 32433 CITY-ST-ZIP CITY-ST-ZIE Westville Fl 32464 ☐ Addition ☐ Change TITLE TD ☐ Delete TITLE NAME NAME BERGLUND, ROBERT STREET ADDRESS STREET ADDRESS 193 ROYAL PALM AVE CITY-ST-7IP CITY-ST-ZIP Defuniak springs fi PRESIDENT Change ☐ Addition TITLE ☐ Delete RICE, Billie 228 King Lake Blvb. PENNIWELL, BILLIE NAME STREET ADDRESS STREET ADDRESS 228 KING LAKE BLVD CITY-ST-ZIP DE FLINIAK SPRINGS, F1. 32433 CITY-ST-ZIP DEFUNIAK SPRGS FL **Director** Addition TITLE Delete TITLE RICE, RAY 228 KING LAKE BLUD. NAME NAME GATLIFF, VICKI STREET ADDRESS STREET ADDRESS 241 TURTLE CREEK DRIVE DE FUNIAK SPRINGS, Fl. 32433 CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BEACH FL ☐ Delete TITLE □ Addition TITLE NAME NAME JENKINS, SANDRA STREET ADDRESS HIGHWAY 20 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FREEPORT FL DIRECTOR Change Addition TITLE Delete TITLE Alice BECKER 3591 LL.S. Highway 90 EAST NAMÉ NAME BARRY, PATRICK, DVM STREET ADDRESS STREET ADDRESS HIGHWAY 98 12. 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 report or supplemental 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 10 or Block 11 if

IRREBERT O. BERGLUND 1-13-00

changed, or on an attachment with an address, with all other like empowered.