

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737513

1. Entity Name

THE HUMANE SOCIETY OF WALTON COUNTY, FLORIDA, IN

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90021 027 \*\*\*\*70.00

0016455

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

Mailing Address  
157 SHELTER RD  
DEFUNIAK SPRINGS FL 32433  
US

00004474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-1731206

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, BILLIE  
228 KING LAKE BLVD  
DEFUNIAK SPRINGS FL 32433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

*Billie C. Rice*

*Billie C. Rice*

*1/4/01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME CLARK, INGE  
STREET ADDRESS 1745 WALTON RD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME BERGLUND, ROBERT  
STREET ADDRESS 193 ROYAL PALM AVE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL ☒ Delete

TITLE TD  
NAME STEVEN MATHEWS - DIRECTOR  
STREET ADDRESS 1846 U.S. Highway 90 WEST  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 ☐ Change ☒ Addition

TITLE D  
NAME PENNIWELL, BILLIE  
STREET ADDRESS 228 KING LAKE BLVD  
CITY-ST-ZIP DEFUNIAK SPRGS FL ☒ Delete

TITLE  
NAME SANDRA Holm - DIRECTOR  
STREET ADDRESS 904 LAKEVIEW DRIVE  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 ☐ Change ☒ Addition

TITLE P  
NAME RICE, BILLIE  
STREET ADDRESS 228 KING LAKE BLVD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
*229 King Lake Blvd*

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

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME RICE, RAY  
STREET ADDRESS 228 KING LAKE BLVD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☒ Delete

TITLE DS  
NAME JOYCE ZAIDI - DIRECTOR  
STREET ADDRESS 1846 U.S. Highway 90 WEST  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 ☐ Change ☒ Addition

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

SIGNATURE:

*Billie C. Rice*

*1/4/01*

*850-892-5612*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)