

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737513

1. Entity Name

THE HUMANE SOCIETY OF WALTON COUNTY, FLORIDA, INC.

FILED

May 16, 2002 8:00 am
Secretary of State

05-16-2002 90079 042 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1731206

Applied For

Not Applicable

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 Cynthia Murphy
Street Address (P.O. Box Number is Not Acceptable)
131 Argyle Ch Rd
Defuniac Spgs
City FL Zip Code 32433

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 Cynthia Murphy - President

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

(NOTE: Registered Agent signature required when reinstating)

4-25-02
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 | CLARK, INGE | <input checked="" type="checkbox"/> Delete |
| NAME | | 1745 WALTON RD | |
| STREET ADDRESS | | DEFUNIAK SPRINGS FL 32433 | |
| CITY-ST-ZIP | | | |
| TITLE | TD | MATHEWS, STEVEN | <input type="checkbox"/> Delete |
| NAME | | 1846 U.S. HIGHWAY 90 WEST | |
| STREET ADDRESS | | DEFUNIAK SPRINGS FL 32433 | |
| CITY-ST-ZIP | | | |
| TITLE | D | HOLM, SANDRA | <input checked="" type="checkbox"/> Delete |
| NAME | | 904 LAKEVIEW DRIVE | |
| STREET ADDRESS | | DEFUNIAK SPRINGS FL 32433 | |
| CITY-ST-ZIP | | | |
| TITLE | P | RICE, BILLIE | <input checked="" type="checkbox"/> Delete |
| NAME | | 229 KING LAKE BLVD | |
| STREET ADDRESS | | DEFUNIAK SPRINGS FL 32433 | |
| CITY-ST-ZIP | | | |
| TITLE | D | JENKINS, SANDRA | <input type="checkbox"/> Delete |
| NAME | | HIGHWAY 20 | |
| STREET ADDRESS | | FREERPORT FL | |
| CITY-ST-ZIP | | | |
| TITLE | DS | ZAIDI, JOYCE | <input checked="" type="checkbox"/> Delete |
| NAME | | 1846 U.S. HIGHWAY 90 WEST | |
| STREET ADDRESS | | DEFUNIAK SPRINGS FL 32433 | |
| CITY-ST-ZIP | | | |

| | | |
|----------------|---------------------------|--|
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DALE ANDERSON | |
| STREET ADDRESS | PO Box 1669 | |
| CITY-ST-ZIP | Defuniac Springs FL 32435 | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDRA JENKINS | |
| STREET ADDRESS | 49 miley Rd | |
| CITY-ST-ZIP | Freeport FL 32439 | |
| TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUDY PITMAN | |
| STREET ADDRESS | 356 Whitfield Rd | |
| CITY-ST-ZIP | Freeport FL 32439 | |
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cynthia Murphy | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | LEE INGRAM DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | ROSIE CUCHENS VICE PRES. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 144 Honesdale Lane | |
| CITY-ST-ZIP | Freeport FL 32439 | |

CR2E037 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cynthia Murphy 4-25-02 850-892-2195
Date Daytime Phone #