

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90440 020 ****61.25

DOCUMENT # 737513

1. Entity 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

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

**MURPHY, CYNTHIA
131 ALGYLE CH RD
DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

Name **SANDRA JENKINS**

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

City **FREEPORT, FL.**

FL

Zip Code **32439**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SANDRA JENKINS - TREASURER** *Sandra Jenkins*

1-6-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ANDERSON, DALE**
STREET ADDRESS **P.O BOX 1669**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE **TD** ☐ Delete
NAME **JENKINS, JANDRA**
STREET ADDRESS **49 MILEY RD**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **SD** ☒ Delete
NAME **PITMAN, JUDY**
STREET ADDRESS **356 WHITFIELD RD**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **PD** ☐ Delete
NAME **MURPHY, CYNTHIA**
STREET ADDRESS **229 KING LAKE BLVD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **D** ☐ Delete
NAME **INGRAM, LEE**
STREET ADDRESS **HIGHWAY 20**
CITY-ST-ZIP **FREEPORT FL**

TITLE **VP** ☐ Delete
NAME **CUCHENS, ROSIER**
STREET ADDRESS **144 HONSESHUE LANE**
CITY-ST-ZIP **FREEPORT FL 32439**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **SANDRA JENKINS**
STREET ADDRESS **49 MILEY Rd.**
CITY-ST-ZIP **FREEPORT, FL. 32439**

TITLE ☐ Change ☒ Addition
NAME **VP**
NAME **JOHN IRVINE**
STREET ADDRESS **155 COUNTRY MANOR Rd.**
CITY-ST-ZIP **DEFUNIAK Spgs., FL. 32435**

TITLE ☒ Change ☐ Addition
NAME **CYNTHIA MURPHY**
STREET ADDRESS **131 ARGYLE Church Rd.**
CITY-ST-ZIP **DEFUNIAK Spgs., FL. 32433**

TITLE ☒ Change ☐ Addition
NAME **D**
NAME **LGE INGRAM**
STREET ADDRESS **HWY 83**
CITY-ST-ZIP **DEFUNIAK Spgs., FL. 32433**

TITLE ☒ Change ☐ Addition
NAME **D**
NAME **ROSIER CUCHENS**
STREET ADDRESS **144 HORSESHOE LANE**
CITY-ST-ZIP **FREEPORT, FL. 32439**

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: **SANDRA JENKINS - TREASURER** *Sandra Jenkins* **1-6-03** **850-892-2436**

CR2E037 (10/02)