FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:07

DOCUMENT # 754178 (2)

1. Corporation Name
FLAGLER COUNTY HUMANE SOCIETY INCORPORATED

Principal Place of Business	Mailing Address
1 SHELTER DRIVE PALM COAST FL 32137 US	P.O. BOX 350824 PALM COAST FL 32135 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1980
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2247034 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONNELLY, IRWIN A.
302 1/2 W MOODY BLVD
P.O. BOX 8
BUNNELL FL 32010

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	INACTIVE -RESIGNED	☒ Change ☐ Addition
NAME	SIEGEL, DAVID	1.2 NAME		
STREET ADDRESS	55 FARRAGUT DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAT FL	1.4 CITY-ST-ZIP		
TITLE	DVP	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	WOOD, JOYCE	2.2 NAME		
STREET ADDRESS	70 COURTNEY PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE		☒ Change ☐ Addition
NAME	STUEHLER, LINDA	3.2 NAME	ROBINSON, LINDA	
STREET ADDRESS	7 CHINOOK COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 00000	3.4 CITY-ST-ZIP		
TITLE	DVP	4.1 TITLE		☐ Change ☐ Addition
NAME	CUFF, TONI	4.2 NAME		
STREET ADDRESS	142 BREN MAR LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP		
TITLE	DS	5.1 TITLE		☒ Change ☐ Addition
NAME	VANDERPOOL, DIANE	5.2 NAME	VERNIER, DOROTHY	
STREET ADDRESS	51 WHITE FEATHER LN	5.3 STREET ADDRESS	22 WELLSTREAM LANE	
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	PALM COAST, FL 32164-4104	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joyce M. Wood Joyce M. Wood 2/14/95 445-1036 445-1814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023000