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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754178**

1. Corporation Name

FLAGLER COUNTY HUMANE SOCIETY INCORPORATED

Principal Place of Business	Mailing Address
1 SHELTER DRIVE PALM COAST FL 32137 US	1 SHELTER DRIVE PALM COAST FL 32137 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/15/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2247034 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, DAVID		1.2 NAME		
STREET ADDRESS	7 PLACE CONCORDE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, LINDA		2.2 NAME		
STREET ADDRESS	9661 WEST HWY 100		2.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COVART, FRANK		3.2 NAME		
STREET ADDRESS	246 WESTHAMPTON DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VERNIER, DOROTHY		4.2 NAME		
STREET ADDRESS	22 WELLSTREAM LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		4.4 CITY-ST-ZIP		
TITLE	DAS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRESLEY, YVONNE		5.2 NAME		
STREET ADDRESS	3 CARDWELL COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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 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, with all other like empowered.

SIGNATURE: Dorothy Vernier **SIGNATURE REQUIRED** Dorothy Vernier Secretary 01/15/99 Shelter 904-445-1814 904-445-4947 Home
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)