

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90055 021 ****70.00

DOCUMENT # 754178

1. Entity Name
FLAGLER HUMANE SOCIETY, INC.



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

Mailing Address
1 SHELTER DRIVE
PALM COAST, FL 32137 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2247034

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

AVELLAR, LUCY M
3 WAYWARD PLACE
PALM COAST, FL 32164

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

SIGNATURE

Lucy M Avellar

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

(NOTE: Registered Agent signature required when reinstating)

1-14-08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **AVELLAR, LUCY**
STREET ADDRESS **3 WAYWOOD PLACE**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE **Member** ☐ Change ☒ Addition
NAME **Amy Beilman**
STREET ADDRESS **14 Lake Side Way**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **DAT** ☒ Delete
NAME **VERNIER, DOROTHY**
STREET ADDRESS **22 WELLSTREAM LANE**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE **member** ☐ Change ☒ Addition
NAME **Maria Peters**
STREET ADDRESS **113 Kershaw Drive**
CITY-ST-ZIP **Palm Coast, FL 32164**

TITLE **DVP** ☐ Delete
NAME **ZASLAVSKY, DAVID**
STREET ADDRESS **1 CLINTON CT**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **Member** ☒ Change ☐ Addition
NAME **Zaslavsky, David**
STREET ADDRESS **1 Clinton Ct**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **DS** ☐ Delete
NAME **PRESLEY, YVONNE**
STREET ADDRESS **3 CARDWELL CT**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **Member** ☐ Change ☒ Addition
NAME **Judy Barefoot**
STREET ADDRESS **258 Ocean Palm Drive**
CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE **DT** ☐ Delete
NAME **MACDONALD, CHRIS**
STREET ADDRESS **116 BIRCHWOOD DRIVE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **Member** ☐ Change ☒ Addition
NAME **Jill Augstensen-Scott**
STREET ADDRESS **3 Corks Ct.**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **DVP** ☐ Delete
NAME **Robert Hopkins**
STREET ADDRESS **18 Village View Drive**
CITY-ST-ZIP **Palm Coast, FL 32137**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lucy M Avellar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

Date

Daytime Phone #