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

DOCUMENT # 754178

1. Entity Name

FLAGLER COUNTY HUMANE SOCIETY INCORPORATED



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90041 014 ****61.25

						A SWE TO	'				
1 SHELTER DRIVE 1 SH			Mailing Address SHELTER DRIVE ALM COAST FL 32137 IS								
2. Principal	Place of Busi	ness	3. Ma	ailing Address							
Suite, Apt. #, etc.			,s	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FE! Number 59-2247034 Applied For				
Zip Country Z			Country			Not Applicable S. Certificate of Status Desired					
6. Name and Address of Current Registers				ed Agent			Fee Required 7. Name and Address of New Registered Agent				┨
		entroperation and a sec-		عن جه هيده	عيثيد 4	Name	A TOTAL OF THE PARTY OF THE PAR	e and reference at 1 The	Stered Agent		Ⅎ.
BAYER, DENNIS K 306 S. OCEANSHORE BLVD				Street Address ((P.O. Box Number is Not Acceptable)				$\frac{1}{2}$
FLAGLE	r Beach Fl	. 32136				City				·	
		y submits this statement				'			FL Zip Co		
SIGNATURE		or printed name of registered ages	nt and title if ap	olicable. (NOTE	: Registere	d Agent signature requir	ed when reinstating)	.	DATE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Check Payable Department of			
10.	OFFICERS AND DIRECTORS			11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	(40/04)
IITLE NAME STREET ADDRESS CITY-ST-ZIP	BUNNELL I	Γ HWY 100		☐ Delete		1			☐ Change	Addition	CDS
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	PALM COA	YCE NEY OLACE ST FL 32137		☐ Delete				the second second continue	☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	PALM COA	DOROTHY REAM LANE ST FL 32164		☐ Delete					☐ Change	☐ Addition	
ITLE AME Treet address ITY-ST-ZIP				□ Delete	TITLE NAME STREE CITY-	T ADDRESS			☐ Change	Addition	
		JUDITH VATER COURT ST FL 32137		☐ Delete	TITLE NAME STREE	T ADDRESS			☐ Change	☐ Addition	
2. Thereby o	ertify that the	information supplied with	thie filing	dose not qualify for t	bo over	ntian stated in C					

indicated on this report or supplied with this tiling 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: