

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755190

FILED
Jan 31, 2009
Secretary of State

Entity Name: HUMANE SOCIETY OF BAY COUNTY, INC.

Current Principal Place of Business:

1600 BAY AVE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

1600 BAY AVE
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-2097704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUDGE, NIKI
1600 BAY AVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PITTMAN, JAN
Address: 2349 FOXWORTH DR
City-St-Zip: PANAMA CITY, FL 32405

Title: VPD () Delete
Name: SLAUGHTER, FOTULA
Address: 224 WOODLAWN DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: ED () Delete
Name: TUDGE, NIKI
Address: 1600 BAY AVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKI TUDGE

ED

01/31/2009

Electronic Signature of Signing Officer or Director

Date