## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # N01000002137 1. Entity Name 04-29-2004 90230 023 \*\*\*\*61.25 NORTH OKALOOSA HUMANE SOCIETY, INC. Principal Place of Business Mailing Address 5464 CLINT MASON RD CRESTVIEW FL 32539 P O BOX 1262 CRESTVIEW FL 32536 3. Mailing Address 2. Principal Place of Business 5 MAINST 551 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For a estuceu 31-1773152 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALTIERI, LINDA C Street Address (P.O. Box Number is Not Acceptable) 5464 CLINT MASON RD CRESTVIEW FL 32539 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to $\Box$ Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Addition ☐ Delete TITLE ALTIERI, LINDA NAME NAME 5464 CLINT MASON ROAD STREET ADDRESS STREET ADORESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE Change ■ Addition TRAYLOR, JOANNA NAME NAME 107 INDIAN TRAIL STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete TITLE Change ☐ Addition SCHWARTZ, RAYMOND NAME NAME 1408 GRANDVIEW TERRACE STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FYFE, DIANE NAME NAME **4828 CHAPPERAL STREET** STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MERRINER, SHERRY NAME NAME 5820 SEAFFORD BLVD. STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP

12. Thereby 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

**FILED**