


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000002137 1. Entity Name NORTH OKALOOSA HUMANE SOCIETY, INC.	
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Principal Place of Business 3681 GRADY JOHNSON RD. CRESTVIEW, FL 32539	Mailing Address P O BOX 1262 CRESTVIEW, FL 32536
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02172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1773152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALTIERI, LINDA C 5464 CLINT MASON RD CRESTVIEW, FL 32539

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALTIERI, LINDA 5464 CLINT MASON ROAD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE TRAYLOR, JOANNA 107 INDIAN TRAIL CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SUMMERS, DEBORAH 1053 ANDERSON CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FYFE, DIANE 4828 CHAPPERAL STREET CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFR MERRINER, SHERRY 5820 SEAFFORD BLVD. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000646326
03/06/07-80026-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Linda Altieri 2-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #