

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002137

FILED
May 15, 2009
Secretary of State

Entity Name: NORTH OKALOOSA HUMANE SOCIETY, INC.

Current Principal Place of Business:

3681 GRADY JOHNSON RD.
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

P O BOX 1262
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 31-1773152 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALTIERI, LINDA C
5464 CLINT MASON RD
CRESTVIEW, FL 32539 US

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: ALTIERI, LINDA
Address: 5464 CLINT MASON ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: SE () Delete
Name: TRAYLOR, JOANNA
Address: 107 INDIAN TRAIL
City-St-Zip: CRESTVIEW, FL 32536

Title: TR () Delete
Name: SUMMERS, DEBORAH
Address: 1053 ANDERSON
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: FYFE, DIANE
Address: 4828 CHAPPERAL STREET
City-St-Zip: CRESTVIEW, FL 32539

Title: DFR () Delete
Name: MERRINER, SHERRY
Address: 5820 SEAFFORD BLVD.
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SE (X) Change () Addition
Name: ALTIERI, JOSEPH
Address: 5464 CLINT MASON RD.
City-St-Zip: CRESTVIEW, FL 32539

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: LINDA ALTIERI

PRES

05/15/2009

Electronic Signature of Signing Officer or Director

Date