

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002137

FILED
Feb 20, 2011
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:

5464 CLINT MASON RD.
CRESTVIEW, FL 32539

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 ()**

Name and Address of Current Registered Agent:

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

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

Title: TR
Name: HUNTER, CINDY
Address: 4267 HARIELSON RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: DFR
Name: MERRINER, SHERRY
Address: 5820 STAFFORD BLVD.
City-St-Zip: CRESTVIEW, FL 32539

I hereby 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 all other like empowered.

SIGNATURE: LINDA ALTIERI

PD

02/20/2011

Electronic Signature of Signing Officer or Director

Date