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

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90724 030 ****61.25

DOCUMENT # N01000005002

1. Entity Name

COMMUNITY ANIMAL RESCUE EFFORT OF WALTON COUNTY, INC.

Principal Place of Business	Mailing Address
449 WOOD BEACH DR. SANTA ROSA BEACH FL 32459	449 WOOD BEACH DR. SANTA ROSA BEACH FL 32459

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
3693 Coy Burgess Loop	PO Box 64
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeFuniak Springs, FL	City & State: Freeport, FL
Zip: 32435 Country: USA	Zip: 32439 Country: USA

4. FEI Number: 31-1789390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARD, ELLA 449 WOOD BEACH DR. SANTA ROSA BEACH FL 32459	Name: Gerald W Fulaytar Street Address (P.O. Box Number is Not Acceptable): 3693 Coy Burgess Loop City: DeFuniak Springs FL Zip Code: 32435

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: Gerald W. Fulaytar, Director/Treasurer April 15, 2004
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAPER, LINDA 229 DOLPHIN DR SANTA ROSA BEACH FL 32459	☐ Delete	S/D DRAPER, LINDA 229 DOLPHIN DR SANTA ROSA BEACH FL 32459	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULS, ALICE 6511 HWY 30 A WEST SANTA ROSA BEACH FL 32459	☒ Delete	D SUE TOWNE 93 FAIRWAY DR SANTA ROSA BEACH FL 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARD, ELLA 449 WOOD BCH DR SANTA ROSA BEACH FL 32459	☒ Delete	V/D JENNIFER HURD 87 COURTYARD CIRCLE SANTA ROSA BEACH FL 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, ROGER 69 CANAL STREET SANTA ROSA BEACH FL 32459	☐ Delete	T/D GERALD W (JERRY) FULAYTAR 3693 COY BURGESS LOOP DEFUNIAK SPRINGS FL 32435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BECKER, ALICE 3591 U.S. HWY 90 DEFUNIAK SPRINGS FL 32433	☐ Delete	D ALICE BECKER 3591 U.S. HWY 90 DEFUNIAK SPRINGS FL 32433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FORBERG, MELISSA 5756 HWY 1087 DEFUNIAK SPRINGS FL 32433	☐ Delete	P/D MELISSA FORBERG 5756 HWY 1087 DEFUNIAK SPRINGS FL 32433	☒ Change ☐ Addition

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald W Fulaytar April 15, 2004 (850) 892-0103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #