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

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

MOORE CR2E037 (11/03)

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, 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: D NAME: DRAPER, LINDA STREET ADDRESS: 229 DOLPHIN DR CITY-ST-ZIP: SANTA ROSA BEACH FL 32459	☐ Delete	TITLE: S/D NAME: Draper, Linda STREET ADDRESS: 229 Dolphin Dr CITY-ST-ZIP: Santa Rosa Beach FL 32459	☒ Change ☐ Addition
TITLE: D NAME: PAULS, ALICE STREET ADDRESS: 6511 HWY 30 A WEST CITY-ST-ZIP: SANTA ROSA BEACH FL 32459	☒ Delete	TITLE: D NAME: Sue Towne STREET ADDRESS: 93 Fairway Dr CITY-ST-ZIP: Santa Rosa Beach FL 32459	☐ Change ☒ Addition
TITLE: TD NAME: CARD, ELLA STREET ADDRESS: 449 WOOD BCH DR CITY-ST-ZIP: SANTA ROSA BEACH FL 32459	☒ Delete	TITLE: V/D NAME: Jennifer Hurd STREET ADDRESS: 87 Courtyard Circle CITY-ST-ZIP: Santa Rosa Beach FL 32459	☐ Change ☒ Addition
TITLE: D NAME: NELSON, ROGER STREET ADDRESS: 69 CANAL STREET CITY-ST-ZIP: SANTA ROSA BEACH FL 32459	☐ Delete	TITLE: T/D NAME: Gerald W (Jerry) Fulaytar STREET ADDRESS: 3693 Coy Burgess Loop CITY-ST-ZIP: DeFuniak Springs FL 32435	☒ Change ☐ Addition
TITLE: VD NAME: BECKER, ALICE STREET ADDRESS: 3591 U.S. HWY 90 CITY-ST-ZIP: DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE: D NAME: Alice Becker STREET ADDRESS: 3591 U.S. Hwy 90 CITY-ST-ZIP: DeFuniak Springs FL 32433	☒ Change ☐ Addition
TITLE: SD NAME: FORBERG, MELISSA STREET ADDRESS: 5756 HWY 1087 CITY-ST-ZIP: DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE: P/D NAME: Melissa Forberg STREET ADDRESS: 5756 Hwy 1087 CITY-ST-ZIP: 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 — Gerald W Fulaytar — April 15, 2004 — (850) 892-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #