


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90034 043 ****61.25

DOCUMENT # N01000005002 1. Entity Name COMMUNITY ANIMAL RESCUE EFFORT OF WALTON COUNTY, INC.					
Principal Place of Business 3693 COY BURGESS LOOP DEFUNIAK SPRINGS, FL 32435			Mailing Address P.O. BOX 64 FREEPORT, FL 32439		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 31-1789390	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FULAYTAR, GERALD W 3693 COY BURGESS LOOP DEFUNIAK SPRINGS, FL 32435			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD BECKER, ALICE 9321 STATE RD. 20 W. FREEPORT, FL 32439	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEMPA, WENDY 16019 HWY 331 S FREEPORT, FL 32439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DRAPER, LINDA 229 DOLPHIN DR SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOOD, LAURIE 959 WHITFIELD RD FREEPORT, FL 32439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOWNE, SUE 356 WHITFIELD RD FREEPORT, FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KETCHERSID, JODI 318 STILLWATER COVE DESTIN, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FULAYTAR, GERALD W 3693 COY BURGESS LOOP DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THIEME, CANDACE 153 PITCHER WAY FREEPORT, FL 32439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, ROGER 69 CANAL ST SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORBERG, MELISSA 5756 HWY 1087 DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Gerald W Fulaytar</u> GERALD W FULAYTAR May 4, 2008 (850) 892-0103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					