

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90182 046 ****61.25

DOCUMENT # N01000005002

1. Entity Name

COMMUNITY ANIMAL RESCUE EFFORT OF WALTON COUNTY, INC.



Principal Place of Business

**449 WOOD BEACH DR.
SANTA ROSA BEACH FL 32459**

Mailing Address

**449 WOOD BEACH DR.
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**CARO, ELLA
449 WOOD BEACH DR.
SANTA ROSA BEACH FL 32459**

Name

N/A

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

N/A

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

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** ☒ Delete
NAME **MARTIN, JOAN**
STREET ADDRESS **1358 BAY GROV RD**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **D** ☐ Change ☒ Addition
NAME **LINDA DRAPER**
STREET ADDRESS **229 DOLPHIN DR.**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **D** ☒ Delete
NAME **YOHN, LEE**
STREET ADDRESS **370 JUNIPER LAKE RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **D** ☐ Change ☒ Addition
NAME **ALICE PAULS**
STREET ADDRESS **6511 Hwy. 30A WEST**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **D** ☐ Delete
NAME **YOUNG, BECKY**
STREET ADDRESS **486 TWIN LAKES DRIVE**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **TD** ☐ Change ☒ Addition
NAME **ELLA CARO**
STREET ADDRESS **449 WOOD BEACH DR.**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **PD** ☐ Delete
NAME **FULAYTAR, JERRY**
STREET ADDRESS **3693 COY BURBESS LOOP**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE **D** ☐ Change ☒ Addition
NAME **ROGER NELSON**
STREET ADDRESS **69 CANAL STREET**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **VD** ☐ Delete
NAME **BECKER, ALICE**
STREET ADDRESS **3591 U.S. HWY 90**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **FORBERG, MELISSA**
STREET ADDRESS **5756 HWY 1087**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ELL CARO

Apr. 23, 03

850-231-6038

CR2E037 (10/02)