


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90004 014 ****70.00

DOCUMENT # N01000005580 1. Entity Name CITIZENS FOR HUMANE ANIMAL TREATMENT OF WAKULLA, INC.					
Principal Place of Business 382 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327			Mailing Address P.O. BOX 1195 CRAWFORDVILLE, FL 32326		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3738417	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CLIFTON, HEIDE 382 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 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	D NOFTZ, CHRISTY 300 LONNIE RAKER LANE CRAWFORDVILLE, FL 32327	<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	D WOOD, NANCY 561 MASHES SAND RD PANACEA, FL 32346	<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	V MANSFIELD-WILSON, BARBARA 107 WILDLIFE LANE CRAWFORDVILLE, FL 32327	<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	<input type="checkbox"/> Delete	<input 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	<input type="checkbox"/> Delete	<input 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	<input type="checkbox"/> Delete	<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>Heide Clifton, Vice President</u> HEIDE CLIFTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> 2/23/08 <small>Daytime Phone #</small> 850-926-3849					



01142008 Chg-NP CR2E037 (12/06)

ATTACHMENT

40032713

Document # N01000005580

Attachment to Block 11 List of Officers and Directors for 2008

P

Yelton, Susan
232 Rosehill Drive, N
Tallahassee, FL 32312

V

Clifton, Heide
382 Crawfordville Hwy.
Crawfordville, FL 32327

T

Van Meter, Anne
251 Levy Bay Road
Panacea, FL 32346

S

Wood, Nancy
561 Mashers Sand Road
Panacea, FL 32346

D

Revell, Kristie
829 Sopchoppy Hwy.
Sopchoppy, FL 32358

D

Hughes, Faith, DVM
1688 Shadeville Road
Crawfordville, FL 32327

D

McCarthy, Glenda
3131 Shadeville Road
Crawfordville, FL 32327

ATTACHMENT

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D

Krzycki, Nancy
45 Fontaine Circle
Crawfordville, FL 32327

D

Cathy Sherman
84 Council Moore
Crawfordville, FL 32327