

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005580

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** CITIZENS FOR HUMANE ANIMAL TREATMENT OF WAKULLA, INC.

**Current Principal Place of Business:**

382 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1195  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

**FEI Number:** 59-3738417      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLIFTON, HEIDE  
382 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: YELTON, SUSAN  
Address: 232 ROSEHILL DR N  
City-St-Zip: TALLAHASSEE, FL 32312

Title: V ( ) Delete  
Name: CLIFTON, HEIDE  
Address: 382 CRAWFORDVILLE HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete  
Name: VAN METER, ANNE  
Address: 251 LEVY BAY RD  
City-St-Zip: PANACEA, FL 32346

Title: S ( ) Delete  
Name: WOOD, NANCY  
Address: 561 MASHES SAND RD  
City-St-Zip: PANACEA, FL 32346

Title: D ( ) Delete  
Name: REVELL, KRISTIE  
Address: 829 SOPCHOPPY HWY  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D ( ) Delete  
Name: HUGHES, FAITH DVM  
Address: 1688 SHADEVILLE RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SHUFF, PETRA  
Address: 87 TUPELO DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KRZYCKI, NANCY  
Address: 561 MASHES SAND RD  
City-St-Zip: PANACEA, FL 32346

Title: D (X) Change ( ) Addition  
Name: REVELL, KRISTIE  
Address: 18 CALVARY COURT  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDE CLIFTON

V

01/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date