

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007037

FILED
Jan 10, 2007
Secretary of State

Entity Name: WAKULLA COUNTY HUMANE SOCIETY, INC.

Current Principal Place of Business:

84 COUNCIL MOORE RD
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

84 COUNCIL MOORE RD
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 20-5086927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, CATHY
84 COUNCIL MOORE RD
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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: PEEPLES, LINDSAY
Address: 84 COUNCIL MOORE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDSAY PEEPLES

PRES

01/10/2007

Electronic Signature of Signing Officer or Director

Date