FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1998	Sandra B. Mort Secretary of St DIVISION OF CORPO	J	Secretary of State			
DOCUMENT # N389	51 (2)		Secretary	or state		
HUMANATEE, INC.						
		ľ				
Principal Place of Business Mailing Address			E 14481101 688 11101 FDTFO 18801 01181 IFBT	BERRE OLDIE BERLE BERRE BEREE BEREE		
115 RODDENBERRY SINK RD. P O BOX 52 CRAWFORDVILLE FL 32327 ST. MARKS FL 32355 US			3. Date Incorporated or Qualified 07/05/1990			
		4. FEI	Number 59-3306582	Applied For Not Applicable		
Principal Place of Business 21	2a. Mailing Address	5. Cert	tificate of Status Desired	38.75 Additional Fee Required		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.	•	otion Campaign Financing	\$5.00 May Be Added to Fees		
City & State City & State 28		7. Is th	7. Is this nonprofit corporation a homeowners association?			
Zip Country 25	29 30		corporation owes or has paid to sonal Property Tax due June 30			
9. Name and Address of Curr	10. Name and Address of New Registered Agent Name					
KING, TOM						
115 RODDENBERRY SINK RD.		82 Street Address (P.O. Box Number is Not Acceptable)				
CRAWFORDVILLE FL 32327						
		84 City		FL 85 Zip Code		

11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

agent. I a	am familiar with, and accept the obligations of, Sec	tion 617.0503, Flor	ida Statutes.	poration's board of directors, I hereby accept the appr	Jinunen as	registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	able (NOTE:	Booletored Apart elegature	required when reinstating)		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	C/D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	KING, TOM		1.2 NAME			
STREET ADDRESS	115 RODDENBERRY SINK RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		1.4 CITY - ST - ZIP			
TITLE	С	☐ DELETE	2.1 TITLE		Change	Addition
NAME	FINCH, CATHY		2.2 NAME			
STREET ADDRESS	19 LACY PARK		2.3 STREET ADDRESS			
CITY - ST - ZIP	CRAWFORDVILLE FL 32327		2.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	3.1 TITLE		Change	Addition
NAME	KING, CATHY		3.2 NAME			
STREET ADDRESS	115 RODDENBERRY SINK RD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TOTLE		Change	Addition
NAME	EVANS, GRETCHEN		4. 2 NAME			
STREET ADDRESS	6527 COASTAL HWY.		4.3 STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME	Johnson, Terri		5.2 NAME			
STREET ADDRESS	1137 WAKULLA ARRAN RD		5.3 STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE	Patti, Suddath	Change	X Addition
NAME	YOUNGSTRAND, JACKIE	t.	6.2 NAME	34 Manatre Way		
STREET ADDRESS	561 RIVER PLANTATION		6.3 STREET ADDRESS	Complete divide to 22 32	- 2.	

CRAWFORDVILLE FL

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

or on an attachment with an address. SIGNATURE: There

1112/98

850-488-0534