


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90020 001 ****61.25

DOCUMENT # N38951 1. Entity Name HUMANATEE, INC.					
Principal Place of Business 115 RODDENBERRY SINK RD. CRAWFORDVILLE, FL 32327			Mailing Address P O BOX 52 ST. MARKS, FL 32355 US		
2. Principal Place of Business 6527 COASTAL Hwy Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Crawfordville Florida		City & State		4. FEI Number 59-3306582	
Zip 32327		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINCH, CATHY 101 GRAHAM TRAIL CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name JACQUELINE YOUNGSTRAUD Street Address (P.O. Box Number is Not Acceptable) 561 RIVER PLANTATION City CRAWFORDVILLE FL Zip Code 32327		
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 <u><i>Jacqueline Youngstrom</i></u> 3/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2004		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	CD FINCH, CATHY 101 GRAHAM TRAIL CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, CATHY 115 RODDENBERRY SINK RD. CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGSTRAUD, JACQUELINE E 561 RIVER PLANTATION CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, TERRI 1137 WAKULLA ARRAN RD CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUDDATH, PATTIE 34 MANATEE WAY CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 629 ST. MARKS, FL 32355	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMIE HAYES 3025 ECHO POINT LANE TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKY BUICE P.O. BOX 456 SOPCHOPPY, FL 32358	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUELINE YOUNGSTRAUD 3129104 850-925-6412	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Jacqueline Youngstrom</i></u> 3/29/04 850-925-6412 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					