

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N38951**

1. Entity Name  
**HUMANATEE, INC.**



Principal Place of Business  
**6527 COASTAL HWY  
CRAWFORDVILLE, FL 32327**

Mailing Address  
**P O BOX 52  
ST. MARKS, FL 32355 US**



03172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3306582**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

**YOUNGSTRAND, JACQUELINE  
561 RIVER PLANTATION  
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	FINCH, CATHY
STREET ADDRESS	PO BOX 629
CITY-ST-ZIP	SAINT MARKS, FL 32355
TITLE	T
NAME	KING, CATHY
STREET ADDRESS	115 RODDENBERRY SINK RD.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	YOUNGSTRAUD, JACQUELINE E
STREET ADDRESS	561 RIVER PLANTATION
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	HAYES, JAMIE
STREET ADDRESS	3025 ECHO POINT LN
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	D
NAME	BUICE, BECKY
STREET ADDRESS	PO BOX 456
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000303105  
04/13/05-80098-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Jacqueline Youngstrand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #