

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38951

Entity Name: HUMANATEE, INC.

FILED
May 15, 2007
Secretary of State

Current Principal Place of Business:

6527 COASTAL HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P O BOX 52
ST. MARKS, FL 32355 US

New Mailing Address:

FEI Number: 59-3306582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YOUNGSTRAND, JACQUELINE
561 RIVER PLANTATION
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

YOUNGSTRAND, JACQUELINE
400 PINE LANE
CRAWFORDVILLE, FL 32327 US

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: _____

05/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FINCH, CATHY
Address: PO BOX 629
City-St-Zip: SAINT MARKS, FL 32355

Title: T () Delete
Name: KING, CATHY,
Address: 115 RODDENBERRY SINK RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: YOUNGSTRAND, JACQUELINE E
Address: 561 RIVER PLANTATION
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Delete
Name: HAYES, JAMIE
Address: 3025 ECHO POINT LN
City-St-Zip: TALLAHASSEE, FL 32310

Title: D (X) Delete
Name: BUICE, BECKY
Address: PO BOX 456
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FINCH, CATHY
Address: PO BOX 629
City-St-Zip: SAINT MARKS, FL 32355

Title: T (X) Change () Addition
Name: YOUNGSTRAND, JACQUELINE
Address: 400 PINE LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change () Addition
Name: BUICE, BECKY
Address: PO BOX 456
City-St-Zip: SOPCHOPPY, FL 32358

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

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: JACQUELINE YOUNGSTRAND

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05/15/2007

Electronic Signature of Signing Officer or Director

Date