

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90020 015 ****61.25

DOCUMENT # N98000000044 1. Entity Name ST. JOSEPH BAY HUMANE SOCIETY, INC.					
Principal Place of Business 1006 MCCLELLAND AVENUE PORT ST. JOE, FL 32456			Mailing Address P.O. BOX 361 PORT ST. JOE, FL 32457		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3487791	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLOYD, J. PATRICK 408 LONG AVE. PORT ST. JOE, FL 32456			Name Street Address (P.O. Box Number is Not Acceptable) City		
			City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, CAROLYN M		NAME		
STREET ADDRESS	1006 MCCLELLAND AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE, FL 32456		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRELSON, JANA K		NAME		
STREET ADDRESS	8001 ALABAMA AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE, FL 32456		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCLANE, JACQUELENE R		NAME	TD White, Cynthia A.	
STREET ADDRESS	142 BAY ST.		STREET ADDRESS	1307 Long Ave	
CITY-ST-ZIP	PORT ST. JOE, FL 32456		CITY-ST-ZIP	Port Saint Joe, FL 32456	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGER, CATHERINE		NAME	SD Minger, Catherine	
STREET ADDRESS	502 10TH ST		STREET ADDRESS	502 10th St.	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-ZIP	Port Saint Joe, FL 32456	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARFIELD, JOSEPH E		NAME		
STREET ADDRESS	328 REID AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE, FL 32456		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EICENS, MARGARET K		NAME		
STREET ADDRESS	8871 COUNTY ROAD 386		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA, FL 32465		CITY-ST-ZIP		
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>Carolyn M Lee</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Carolyn M. Lee		
			Jan. 7, 2004		
			850 227 1103		