

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90188 042 \*\*\*\*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**

**50023909**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-3487791**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**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

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LEE, CAROLYN M ☐ Delete  
STREET ADDRESS 1006 MCCLELLAND AVE.  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME HARRELSON, JANA K ☐ Delete  
STREET ADDRESS 8001 ALABAMA AVE.  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME WHITE, CYNTHIA A ☐ Delete  
STREET ADDRESS 1307 LONG AVE  
CITY-ST-ZIP PORT SAINT JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME MINGER, CATHERINE ☐ Delete  
STREET ADDRESS 502 10TH ST  
CITY-ST-ZIP PORT SAINT JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BARFIELD, JOSEPH E ☐ Delete  
STREET ADDRESS 328 REID AVE.  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME EICENS, MARGARET K ☒ Delete  
STREET ADDRESS 8871 COUNTY ROAD 386  
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE D  
NAME LEE, LEVY L ☒ Addition  
STREET ADDRESS 1006 McClelland Ave  
CITY-ST-ZIP Port Saint Joe, FL 32456

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: Carolyn M. Lee Carolyn M. Lee

MAR. 7, 2005

850 227 1103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #