2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N98000000044

Entity Name: ST. JOSEPH BAY HUMANE SOCIETY, INC.

Current Principal Place of Business:

1006 MCCLELLAND AVENUE
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 361
PORT ST. JOE, FL 32457

New Mailing Address:

FEI Number: 59-3487791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOYD, J. PATRICK
408 LONG AVE.
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEE, CAROLYN M
Address: 1006 MCCLELLAND AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD ( ) Delete
Name: HARRELSON, JANA K
Address: 8001 ALABAMA AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: TD ( ) Delete
Name: WHITE, CYNTHIA A
Address: 2020 MARVIN AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: SD ( ) Delete
Name: MINGER, CATHERINE
Address: 502 10TH ST
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete
Name: BARFIELD, JOSEPH E
Address: 385 LENA LN
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete
Name: LEE, LEVY L
Address: 1006 MCCLELLAND AVE
City-St-Zip: PORT ST JOE, FL 32956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change ( ) Addition
Name: CHRISTY, SANDRA
Address: 122 MARINER LN
City-St-Zip: PORT ST JOE, FL 32456

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: CAROLYN M. LEE PD 04/26/2007

Electronic Signature of Signing Officer or Director — Date