

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000044

FILED  
Apr 07, 2009  
Secretary of State

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

## Current Principal Place of Business:

1007 TENTH STREET  
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:

1007 10TH STREET  
PORT ST. JOE, FL 32457

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:

TOWNSEND, MELODY  
1007 10TH STREET  
PORT ST. JOE, FL 32456 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: MELODY TOWNSEND

04/07/2009

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: KUSCH, LENORE E  
Address: 274 FLORIDA AVE  
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: CHRISTY, SANDRA  
Address: 122 MARINER LN  
City-St-Zip: PORT ST JOE, FL 32456

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TOWNSEND, MELODY B  
Address: 1007 10TH STREET  
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: TD (X) Change ( ) Addition  
Name: KUSCH, LEONORE  
Address: 274 FLORIDA AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VP (X) Change ( ) Addition  
Name: HARRELSON, JANA F  
Address: 8001 ALABAMA AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D (X) Change ( ) Addition  
Name: GIBBS, GARY M  
Address: P. O. BOX 14297  
City-St-Zip: MEXICO BEACH, FL 32410

Title: D (X) Change ( ) Addition  
Name: BROCKMAN, NANCY  
Address: 619 GULF AIRE DRIVE  
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: JANA F. HARRELSON

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date