2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# N98000000044

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:

1007 TENTH STREET
PORT ST. JOE, FL 32456

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:

TOWNSEND, MELODY
1007 10TH STREET
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: SD
Name: TOWNSEND, MELODY B
Address: 1007 10TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP
Name: CHRISTY, SANDI
Address: 122 MARINER LANE
City-St-Zip: PORT ST. JOE, FL 32456

Title: BD
Name: GRIFFITH, SHARON
Address: 951 CAPE SAN BLAS RD.
City-St-Zip: PORT SAINT JOE, FL 32456

Title: BT
Name: MINZNER, AL
Address: 7991 CAPE SAN BLAS RD
City-St-Zip: PORT SAINT JOE, FL 32456

Title: BD
Name: GIBBS, GARY M
Address: P. O .BOX 14297
City-St-Zip: MEXICO BEACH, FL 32410

Title: BD
Name: SCHAUB, ELLEN
Address: 256 PARKSIDE CR.
City-St-Zip: PORT ST. JOE, FL 32456

I hereby 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 all other like empowered.

SIGNATURE: MELODY TOWNSEND SD 04/30/2012

Electronic Signature of Signing Officer or Director Date