

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90097 047 ****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**

Applied For

Not Applicable

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

J. Patrick Floyd

January 7, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

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

TITLE **SD** ☒ Delete
NAME **MCCLANE, JACQUELENE R**
STREET ADDRESS **142 BAY ST.**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Catherine Minger**
STREET ADDRESS **502 10th Street**
CITY-ST-ZIP **Port St. Joe, FL 32456**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

CORPORATE REQUIRED

Carolyn M. Lee 1-7-03 850-227-1103

CR2E037 (10/02)