

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000044

**Entity Name:** ST. JOSEPH BAY HUMANE SOCIETY, INC.**Current Principal Place of Business:**1007 TENTH STREET  
PORT ST. JOE, FL 32456**Current Mailing Address:**1007 TENTH STREET  
PORT ST. JOE, FL 32456**FEI Number:** 59-3487791**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLY, MARY C  
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:** MARY C KELLY

01/13/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name VAN TREESE, BARBARA  
Address 1311 MCCLELLAND AVE  
City-State-Zip: PORT ST. JOE FL 32456

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

Title DIRECTOR  
Name MAGIDSON, MEL  
Address 528 SIXTH ST.  
City-State-Zip: PORT SAINT JOE FL 32456

Title PRESIDENT  
Name BURKETT, DIANA  
Address 1007 TENTH STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title ALTERNATE DIRECTOR  
Name COMFORTER, ANN  
Address 1007 TENTH STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title VP  
Name WILSON, RANDY  
Address 1007 TENTH STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR  
Name WINDOLF, DELORES  
Address 1007 TENTH STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title ALTERNATE DIRECTOR  
Name SICLARE, SHERRY  
Address 1007 TENTH STREET  
City-State-Zip: PORT ST. JOE FL 32456

**Continues on page 2**

*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:** MARY C KELLY**SECRETARY/DIRECTOR**

01/13/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           ALTERNATE DIRECTOR  
Name           AMBROSE, SUSIE  
Address        1007 TENTH STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title           DIRECTOR  
Name           HAY, MICHELLE  
Address        1007 TENTH STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title           ALTERNATE DIRECTOR  
Name           SEALEY, ROBERT  
Address        1007 TENTH STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title           ALTERNATE DIRECTOR  
Name           MCBREARTY, SEAN  
Address        1007 TENTH STREET  
City-State-Zip: PORT ST. JOE FL 32456