

2013 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:**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

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

Title	PRESIDENT
Name	GIBBS, GARY M
Address	1007 TENTH STREET
City-State-Zip:	PORT ST. JOE FL 32456

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

Title	SECRETARY
Name	BROECKER, DONNA
Address	1007 TENTH STREET
City-State-Zip:	PORT ST. JOE FL 32456

Title	BD
Name	VANTREES, BARB
Address	1007 TENTH STREET
City-State-Zip:	PORT ST. JOE FL 32456

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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**EXECUTIVE DIRECTOR****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	BD
Name	HARRIS, MARK
Address	1007 TENTH STREET
City-State-Zip:	PORT ST. JOE FL 32456