

**2015 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 SHELTER DIRECTOR  
Name TOWNSEND, MELODY  
Address 1007 10TH STREET  
City-State-Zip: PORT ST. JOE FL 32456

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

Title VP  
Name CHRISTY, SANDI  
Address 122 MARINER LANE  
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 SECRETARY  
Name DAVIS, JILL  
Address 162 CAPE SAN BLAS RD.  
City-State-Zip: PORT ST. JOE FL 32456

Title BOARD MEMBER  
Name BURKETT, DIANA  
Address 1910 JUNIPER AVE.  
City-State-Zip: PORT ST. JOE FL 32456

Title BOARD MEMBER  
Name VACCO, CHERYL  
Address 109 PLOVER DRIVE  
City-State-Zip: PORT ST. JOE FL 32456

Title BOARD MEMBER  
Name WELCH, BEN  
Address 1102 AVENUE A  
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****SHELTER DIRECTOR****03/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           BOARD MEMBER  
Name           LAMBERSON, SCOTT  
Address        801 GARRISON AVE.  
City-State-Zip: PORT ST. JOE FL 32456

Title           BOARD MEMBER  
Name           ANDERSON, ANNE  
Address        3575 CAPE SAN BLAS RD.  
City-State-Zip: PORT SAINT JOE FL 32456