

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008967

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** LAST CHANCE ANIMAL SANCTUARY, INC.

**Current Principal Place of Business:**

22108 26TH AVE E.  
BRADENTON, FL 34211

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 21338  
BRADENTON, FL 34204

**New Mailing Address:**

**FEI Number:** 57-1139162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANN, CARRIE  
2212 OUTER DRIVE  
SARASOTA, FL 34231 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: P  
Name: MANN, CARRIE E  
Address: 2212 OUTER DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: VPD  
Name: DANIELE, MICHELE A  
Address: 3321 WILLIAMSBURG ST.  
City-St-Zip: SARASOTA, FL 34231

Title: ST  
Name: SHAHAN, ANN  
Address: 4415 MUIRFIELD DR. E.  
City-St-Zip: BRADENTON, FL 34203

Title: T  
Name: LINDA, LITKE  
Address: 7716 BROADMOOR PINES BLVD.  
City-St-Zip: SARASOTA, FL 34243

Title: AT  
Name: LORA, DEERING J  
Address: 402 WALTER AVE  
City-St-Zip: FAIRFIELD, OH 45014

Title: AT  
Name: TRUESCHEL, DEBBIE  
Address: 22108 26TH AVE E.  
City-St-Zip: BRADENTON, FL 34211

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: CARRIE MANN

P

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date