

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708180

FILED
May 05, 2009
Secretary of State

Entity Name: THE ANIMAL WELFARE LEAGUE OF CHARLOTTE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

3519 DRANCE ST.
CHARLOTTE HARBOR, FL 33980

New Principal Place of Business:

Current Mailing Address:

3519 DRANCE ST.
CHARLOTTE HARBOR, FL 33980

New Mailing Address:

FEI Number: 59-1146309 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, DEE ANN
3519 DRANCE ST.
PORT CHARLOTTE, FL 33980 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: SD () Delete
Name: KAGAN, RITA
Address: 674 KELLSTADT ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD () Delete
Name: NAHL, JIM
Address: 252 E. TARPON NW
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: DONNE, VICKI DELLE
Address: 3296 DUPRE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: P () Delete
Name: MCLEWIN, PETER
Address: 1356 JACANA COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD () Delete
Name: WITTICH, DIANA
Address: 4370 GARDNER DR
City-St-Zip: PT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JONES, TRAVIS
Address: 115 CRESCENT DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEE ANN ROBERTS

ED

05/05/2009

Electronic Signature of Signing Officer or Director

Date