

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 23, 2010**  
**Secretary of State**

DOCUMENT# 708180

**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 ( )****Name and Address of Current Registered Agent:**THOMAS, SHARON  
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  
Name: KAGAN, RITA  
Address: 674 KELLSTADT ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD  
Name: MOLDOFF, BARRY  
Address: 1035 VIA FORMIA  
City-St-Zip: PUNTA GORDA, FL 33950

Title: T  
Name: BAIRD, DAVID  
Address: 1529 AQUÍ ESTA DR  
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: SD  
Name: HOFFER, DIANE  
Address: 24156 YACHY CLUB BLVD  
City-St-Zip: PUNTA GORDA, FL 33955

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: SHARON THOMAS

ED

04/23/2010

Electronic Signature of Signing Officer or Director

Date