2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2007 8:00 am

ANNOAL NEI ON I					Secretary of State	
DOCUMENT # 714747				298s.	08-23-2007 90022 038 ****61.25	
Sentity Name GULF COAST HUMANE SOCIETY, INC.					00-23-2001 20022 030 01.23	
			A Committee	<u>rest</u>		
Principal Place of Business Mailing Address 2010 ARCADIA ST PO BOX 50430		Mailing Address PO BOX 50430				
			FORT MYERS, FL 33994 US			
					: 813/1 /83/1 818/1 /88/ B18/1 B18/1 B18/1 8/10/1 B18/1 B18/1 B18/1 B18/1 B1	
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-08069	Applied For	
Zip Country		Zip	Country	5. Certificate of S	Status Desired Status	
	6. Name and Address of Current Registered Agent		1	7. Name and Address of New Registered Agent		
			Name	· · · · · · · · · · · · · · · · · · ·		
COHEN, DONALD 2136 NW 21ST PL CAPE CORAL, FL 33993			Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
			City	City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and late if applicable (NOTE Registered Agent signature required when renstating) DATE						
				\$5.00 May Be		
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State	
10.	OFFICERS AND DIE	RECTORS	11.		GES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	DVP ABBOTT, ELIZABETH	Delete	TITLE	DVPZHITO	nc Change Addition	
STREET ADDRESS			NAME STREET ADDRESS	Springer Ju	nes ts fond Terraxe	
CITY - ST - ZIP	•		CITY ST ZIP	ST AP F+ MURRS, FL 33912		
TITLE	D2VP	Delete	TITLE	DVDI	☐ Change ★ Addition	
NAME	ANKENBRANDT, JOHN DR.		NAME	Jean Meol	9	
STREET ADDRESS	15120 ANCHORAGE WAY		STREET ADDRESS	5666 EIC	her Circle E	
CITY-SI-ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP	11-7 MYEK	5, FL 33919	
TITLE	DS NOTI LODI	☐ Delete	TITLE	DTA	en Calkn C+ #201	
NAME STREET ADDRESS	NOEL, LORI 1100 HAWKS NEST CT.		NAME STREET ADDRESS	Andrew M	Colph (+ #20/	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY ST ZIP	Bonita 91	Springs FL 34134	
TITLE	DT	Delete	TITLE	T.T	Change Maddition	
NAME	MOSTELLER, KAREN	7	NAME	Noreen Sca	1RA19 /	
STREET ADDRESS			STREET ADDRESS		wicher Lane	
CITY - ST - ZIP	CAPE CORAL, FL 33909		CITY-ST ZIP	BODITY ST	ORINGS, FL 34135	
*****		\sim		<i>D</i> .		
TITLE	P VAUGHN GINA	Delete	TITLE	MARK SCA	ROLA Change Maddition	
TITLE NAME STREET ADDRESS	VAUGHN, GINA	Delete	NAME	MARK SCA	KOLM · -	
NAME	VAUGHN, GINA	Delete	NAME	10620 Wa	ROLA Change MAddition Rock Lane Rings, FL 34/35	

Donald A Cohe 2136 NW 21 CAPE CORAL, FL 339 93-2992 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

MELVIN, LISA N

6213 TIMBERWOOD CIR. #130

FORT MYERS, FL 33908

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR