


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90022 038 ****61.25

DOCUMENT # 714747

1. Entity Name
GULF COAST HUMANE SOCIETY, INC.



Principal Place of Business
**2010 ARCADIA ST
 FORT MYERS, FL 33916 US**

Mailing Address
**PO BOX 50430
 FORT MYERS, FL 33994 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07112007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0806978

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

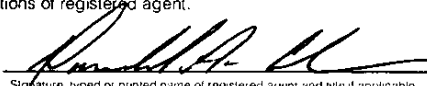
6. Name and Address of Current Registered Agent

**COHEN, DONALD
 2136 NW 21ST PL
 CAPE CORAL, FL 33993**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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  DATE **8/20/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ABBOTT, ELIZABETH	
STREET ADDRESS	5001 SW 11TH AVE.	
CITY - ST - ZIP	CAPE CORAL, FL 33914	
TITLE	D2VP	<input checked="" type="checkbox"/> Delete
NAME	ANKENBRANDT, JOHN DR.	
STREET ADDRESS	15120 ANCHORAGE WAY	
CITY - ST - ZIP	FORT MYERS, FL 33912	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NOEL, LORI	
STREET ADDRESS	1100 HAWKS NEST CT.	
CITY - ST - ZIP	PUNTA GORDA, FL 33950	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MOSTELLER, KAREN	
STREET ADDRESS	17801 EAGLE VIEW LANE	
CITY - ST - ZIP	CAPE CORAL, FL 33909	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, GINA	
STREET ADDRESS	3402 SE 11TH PL	
CITY - ST - ZIP	CAPE CORAL, FL 33902	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELVIN, LISA N	
STREET ADDRESS	6213 TIMBERWOOD CIR. #130	
CITY - ST - ZIP	FORT MYERS, FL 33908	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bridgett Jones	
STREET ADDRESS	8970 Abbotsford Terrace	
CITY - ST - ZIP	Ft Myers, FL 33912	
TITLE	DVP1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Meola	
STREET ADDRESS	5466 Eichen Circle F	
CITY - ST - ZIP	Ft Myers, FL 33919	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew McCullagh	
STREET ADDRESS	3301 Glen Cairn Ct #201	
CITY - ST - ZIP	Bonita Springs, FL 34134	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Noreen Scarola	
STREET ADDRESS	10620 Woodchuck Lane	
CITY - ST - ZIP	Bonita Springs, FL 34135	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK SCAROLA	
STREET ADDRESS	10620 Woodchuck Lane	
CITY - ST - ZIP	Bonita Springs, FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald A. Cohen	
STREET ADDRESS	2136 NW 21ST PL	
CITY - ST - ZIP	CAPE CORAL, FL 33993-2992	

12. I hereby 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.

SIGNATURE:  DATE **8/20/07** DAYTIME PHONE # **238-332-0364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #