


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90002 007 ****61.25

DOCUMENT # N03000000103					
1. Entity Name GULF SHORE ANIMAL LEAGUE, INC.					
Principal Place of Business 13619 3RD AVENUE EAST BRADENTON, FL 34212			Mailing Address P.O. BOX 14291 BRADENTON, FL 34280		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 81-0586833	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAHAM, CATHLEEN M 13619 3RD AVENUE EAST BRADENTON, FL 34212			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLULOW, JILL	NAME			
STREET ADDRESS	1608 86TH STREET NORTHEAST	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAHAM, CATHLEEN	NAME			
STREET ADDRESS	13691 3RD AVENUE EAST	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34212	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAHAM, LAURIE	NAME			
STREET ADDRESS	13691 3RD AVENUE EAST	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34212	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIAROS, CAROL	NAME			
STREET ADDRESS	1211 DENARVAEZ AVENUE WEST	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RALSTON, SUSAN	NAME			
STREET ADDRESS	4213 BERKELEY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PARRISH, FL 34219	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEVERSON, OLIVIA	NAME			
STREET ADDRESS	6050 34TH STREET WEST APT. 608	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Cathleen M. Graham</i>		Date: <i>1/11/04</i>		Daytime Phone #: <i>941-744-5950</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					