


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 A
Secretary of State

DOCUMENT # N03000000103 1. Entity Name GULF SHORE ANIMAL LEAGUE, INC.	
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Principal Place of Business 1211 DENARVAEZ AVE. BRADENTON, FL 34209	Mailing Address 1211 DENARVAEZ AVE. BRADENTON, FL 34209
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01232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0586833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LIAROS, CAROL
 1211 DENARVAEZ AVE.
 BRADENTON, FL 34209

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLULOW, JILL 1608 86TH STREET NORTHEAST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIAROS, CAROL 1211 DENARVAEZ AVENUE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALSTON, SUSAN 4213 BERKELEY DRIVE PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carol Liaros CAROL LIAROS 1-20-05 941-747-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #