

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90037 047 ****61.25

DOCUMENT # N03000000103	
1. Entity Name GULF SHORE ANIMAL LEAGUE, INC.	

Principal Place of Business 1211 DENARVAEZ AVE. BRADENTON, FL 34209	Mailing Address 1211 DENARVAEZ AVE. BRADENTON, FL 34209
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0002001



07042006 No Chg-NP CR2E037 (4/06)

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: *Carol L. Lianos* DATE: 8-4-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

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	

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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: *Carol L. Lianos* DATE: 8-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #