2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006914

1. Entity Name
HEARTSTRINGS ANIMAL COALITION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1430 ESTERO, FL 33928	P.O. BOX 1430 ESTERO, FL 33928

02162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
86-1112525

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAHART, MARCY
711 TALLADEGA ST
WEST PALM BEACH, FL 33405

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P/S
NAME	SERENKO, CARLA
STREET ADDRESS	19751 BEAULIEU CT
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	T
NAME	DONNELLY, KAREN
STREET ADDRESS	211 SE 28TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	WIERY, JOANNE
STREET ADDRESS	990 LIPPLY RD.
CITY-ST-ZIP	COLUMBIANA, OH 44408
TITLE	D
NAME	DONNELLY, KAREN
STREET ADDRESS	211 SE 29TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	WIERY, JOANNE
STREET ADDRESS	990 LIPPLY RD.
CITY-ST-ZIP	COLUMBIANA, OH 44408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
03/16/06-80025-017 70.00

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: Carla W. Serenko CARLA W. SERENKO 2/26/06 239-267-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #