

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011389

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** ANIMAL CARE SOCIETY, INC.

**Current Principal Place of Business:**

1213 HICPOOCHEE LN.  
MOORE HAVEN, FL 33471

**New Principal Place of Business:**

901 W. VENTURA AVE.  
CLEWISTON, FL 33440

**Current Mailing Address:**

PO BOX 850  
MOORE HAVEN, FL 33471

**New Mailing Address:**

901 W. VENTURA AVE.  
CLEWISTON, FL 33440

**FEI Number:** 27-4047990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BONNELL, SUZANNE M  
1213 HICPOOCHEE LN  
MOORE HAVEN, FL 33471 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BONNELL, SUZANNE M  
**Address:** 1213 HICPOOCHEE LN.  
**City-St-Zip:** MOORE HAVEN, FL 33471

**Title:** S, T  
**Name:** WALKER, EVA L  
**Address:** 1213 HICPOOCHEE LN  
**City-St-Zip:** MOORE HAVEN, FL 33471

**Title:** VP  
**Name:** STEPP, LYNDIA J  
**Address:** 2198 PONCE CIR  
**City-St-Zip:** FORT MYERS, FL 33905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SUZANNE M BONNELL

P

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date