


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000006162	
1. Entity Name THE GEORGE L. DAVIS ANIMAL SANCTUARY, INC.	

Principal Place of Business 596 ECR-90 BUNNELL, FL 32110 US	Mailing Address 2630 AVENUE S-NW WINTER HAVEN, FL 33881 US
--	---



03022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0716477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WINSTON, PAMELA
2630 AVE S NW
WINTER HAVEN, FL 33881

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 reinstating) **DATE** _____

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	000000085115 03/11/04-80034-025 61.25
---	---	--

10. OFFICERS AND DIRECTORS

TITLE VP	NAME YAZURLO, LORY
STREET ADDRESS 596 ECR-90	CITY-ST-ZIP BUNNELL, FL 32110
TITLE T	NAME ALTHAUSER, MICHELLE
STREET ADDRESS 13100 SHETLAND LANE	CITY-ST-ZIP FT. MYERS, FL 33912
TITLE T	NAME MAHER, CHRISTINE
STREET ADDRESS 5735 COPE LANE	CITY-ST-ZIP NAPLES, FL 33920
TITLE PT	NAME WINSTON, PAMELA
STREET ADDRESS 2630 AVE. S - NW	CITY-ST-ZIP WINTER HAVE, FL 338811883
TITLE T	NAME MANGUS, CINDY
STREET ADDRESS 19651 SKIPPER ROAD	CITY-ST-ZIP FORT MYERS, FL 33917
TITLE DO	NAME HARRIS, JOHN
STREET ADDRESS 19651 SKIPPER ROAD	CITY-ST-ZIP FORT MYERS, FL 33917

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: *Pamela Winston* *Pamela Winston* **3-2-04** **(813) 628-6344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #