

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90343 023 ****70.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0716477	
Zip		Country		5. Certificate of Status Desired <input checked="" 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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAZURLO, LORY		NAME	Yazurlo, Lory	
STREET ADDRESS	596 ECR-90		STREET ADDRESS	596 ECR-90	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTHAUSER, MICHELLE		NAME	Tracy Cummings	
STREET ADDRESS	13100 SHETLAND LANE		STREET ADDRESS	9751 Quail Hollow Rd	
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP	N Ft. Myers, FL 33917	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHER, CHRISTINE		NAME	Judy Haywood	
STREET ADDRESS	5735 COPE LANE		STREET ADDRESS	3716 Argon Dr.	
CITY-ST-ZIP	NAPLES, FL 33920		CITY-ST-ZIP	Tampa, FL 33619	
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTON, PAMELA		NAME		
STREET ADDRESS	2630 AVE. S - NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVE, FL 338811883		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGUS, CINDY		NAME		
STREET ADDRESS	19651 SKIPPER ROAD		STREET ADDRESS	392 Melody Ct.	
CITY-ST-ZIP	FORT MYERS, FL 33917		CITY-ST-ZIP	Ft. Myers, FL 33916	
TITLE	DO	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JOHN		NAME		
STREET ADDRESS	19651 SKIPPER ROAD		STREET ADDRESS	392 Melody Ct.	
CITY-ST-ZIP	FORT MYERS, FL 33917		CITY-ST-ZIP	Ft. Myers, FL 33916	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. CYNTHIA MAGNUS					
SIGNATURE: <u>Cynthia Magnus</u>			4-11-05		239-731-2817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #