Apr 1st

2006 NOT FOR-PROFIT CORPORATION ANNUAL REPORT

4/20/2006-90207-003-$61.25-$61.25

FILED
2006 OCT 10 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006162

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

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

04132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 51230 Suite, Apt. #, etc.
City & State	City & State Ft. Myers, FL
Zip / Country	Zip 33994 / Country US

4. FEI Number 65-0716477 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN Harris 392 Melody Ct. Ft. Myers, FL. 33916	Name: JOHN Harris same as box 6 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 51230~~ ~~Ft. Myers, FL~~ City: FL. Zip Code: 33994

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] 4-17-06
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR YAZURLO, LORY 596 ECR-90 BUNNELL, FL 32110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CUMMINGS, TRACY 9751 QUAIL HOLLOW ROAD NORTH FORT MYERS, FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAYWOOD, JUDY 3716 ARGON DRIVE TAMPA, FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MANGUS, CINDY 392 MELODY CT FORT MYERS, FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO HARRIS, JOHN 392 MELODY CT FORT MYERS, FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 10/16/04

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: Cindy Magnus Cynthia Magnus 4-17-06 239-731-2817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To "71. Dept of State — Report

Here is the form sent back in april - I have corrected box #7.

Please waive late fees.

Did not see any notice to correct.

Thank You

Cindy Magno

Treasurer