

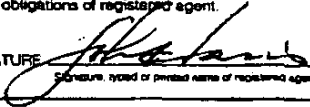
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

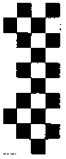
4/20/2006-90207-003-\$61.25-\$61.25

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 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 P.O. Box 51230	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ft. Myers, FL	
Zip	Country	Zip	Country
33994	US	33994	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 John Harris 392 Melody Ct. Ft. Myers, FL 33916		7. Name and Address of New Registered Agent John Harris Same as P.O. Box 51230 Ft. Myers, FL 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 		DATE 4-17-06	
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		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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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		DATE: 4-17-06 239-731-2817	



To Fl. Dept of State -

My note

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