

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002579

FILED
Jan 09, 2004
Secretary of State**Entity Name:** HUMANE ANIMAL CARE COALITION, INC.**Current Principal Place of Business:**105951 OVERSEA HWY
KEY LARGO, FL 330374321 US**New Principal Place of Business:****Current Mailing Address:**283 SAINT THOMAS AVE
KEY LARGO, FL 330374321 US**New Mailing Address:****FEI Number:** 65-0756859**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GARRETTSON, THOMAS F
283 SAINT THOMAS AVE
KEY LARGO, FL 33037 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:** D () Delete
Name: GARRETTSON, THOMAS F
Address: 283 SAINT THOMAS AVE
City-St-Zip: KEY LARGO, FL 33037**Title:** SD () Delete
Name: COAKLEY, BETH
Address: 168 VENETIAN DRIVE
City-St-Zip: ISLAMORADA, FL 33036**Title:** VPD () Delete
Name: GLADE, CLIFFORD DR
Address: 86000 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS F. GARRETTSON

D

01/09/2004

Electronic Signature of Signing Officer or Director_____
Date