

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002579

FILED  
Jan 12, 2006  
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 ( )**

**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 Chapter 119, 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

PRES

01/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date