## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90195 004 \*\*\*\*70.00

DOCUMENT # N9700002849  1. Entity Name CALOOSA HUMANE SOCIETY, INC.						7 90195 004 ****	70.00	
1200 PRATT BLVD. P.O. E		Mailing Address P.O. BOX 2337 LABELLE, FL 33975	.O. BOX 2337		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NI 8811 88118 17931 SIJI SIJI SIJI		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007	Chg-NP	CR2E037 (12/06)	1	
City & State		City & State		4. FEI Numbe 65-075		<del></del>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Current	t Registered Agent		7. Name and	Address of New F	Registered Agent		
WORLEY, SHERRY			Name	Name Swea Nightingale				
390 GRANT STREET LABELLE, FL 33935				Street Address (P.O. Box Number is Not Acceptable)				
CABELLE, FL 33935				390 North Bridge Street				
The above named entity submits this statement for the purpose of changing its registreast.				city Labelle FL Zip Code 33935				
SIGNATURE	Signature, typed or printed name of registered ages	gale, TROA	AUVAR Registered Agent signature	e required when reinstating)		4-24-0	7	
		1			<del></del>			
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co		\$5.00 May B Added to Fees	,	Make check payable rida Department of		
10.	Due by May 1, 2007 OFFICERS AND D	Trust Fund Co	ontribution. E	Added to Fees  ADDITIONS/CH	Flor	• •	State	
TITLE	OFFICERS AND D	Trust Fund Co	ontribution. E	Added to Fees  ADDITIONS/CH.	ANGES TO OFFICE	rida Department of	State IN 10	
TITLE NAME STREET ADDRESS	OFFICERS AND D  OFFICERS AND D  DP  HALEY, TIM  13019 FOURTH ST	Trust Fund Co	Ontribution. E  11.  TITLE  NAME  STREET ADDRESS	ADDITIONS/CH	ANGES TO OFFICE	rida Department of  ERS AND DIRECTORS  Change	State IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D  DP HALEY, TIM	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CH.  VP  DOUG MO  PO-BOX II  LABELLE	ANGES TO OFFICE	rida Department of ERS AND DIRECTORS  Change	State IN 10 Addition	
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Increby 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 emprowered 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.

GNATURE:

| SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Daytime Prone #

SIGNATURE: