

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2009  
Secretary of State**

DOCUMENT# N97000002849

Entity Name: CALOOSA HUMANE SOCIETY, INC.

**Current Principal Place of Business:**

1200 PRATT BLVD.  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2337  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 65-0759567      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIGHTTINGLE, SWEA  
390 NORTH BRIDGE STREET  
LABELLE, FL 33935      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: DP ( ) Delete  
Name: HALEY, TIM  
Address: 13019 FOURTH ST  
City-St-Zip: FORT MYERS, FL 33905

Title: VP ( ) Delete  
Name: MORGAN, DOUG  
Address: P.O. BOX 1134  
City-St-Zip: LABELLE, FL 33975

Title: DS ( ) Delete  
Name: MEISTER, DONNA  
Address: 1005 FT. THOMPSON AVE  
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete  
Name: AUSTIN, ADDISON W  
Address: 939 COUNTY ROAD 78  
City-St-Zip: LABELLE, FL 33935

Title: TD ( ) Delete  
Name: NIGHTINGALE, SWEA  
Address: 390 NORTH BRIDGE STREET  
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete  
Name: DILLMAN, NORMAN  
Address: 344 RIVIERA VISTA BLVD  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MORGAN, DOUG  
Address: P.O. BOX 1134  
City-St-Zip: LABELLE, FL 33975

Title: VP (X) Change ( ) Addition  
Name: DENNING, BONNIE  
Address: P.O. BOX 1680  
City-St-Zip: LABELLE, FL 33975

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: DOUG MORGAN

DP

02/13/2009

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

\_\_\_\_\_  
Date