

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002849

FILED  
Mar 11, 2010  
Secretary of State

**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 (X)**

**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  
Name: MORGAN, DOUG  
Address: P.O. BOX 1134  
City-St-Zip: LABELLE, FL 33975

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

Title: D  
Name: MEISTER, DONNA  
Address: 1005 FT. THOMPSON AVE  
City-St-Zip: LABELLE, FL 33935

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

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

Title: DS  
Name: FERGUSON, ELLEN  
Address: 5245 KIRBY THOMPSON ROAD  
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: SWEA NIGHTINGALE

TD

03/11/2010

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

\_\_\_\_\_  
Date