

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002849

FILED
Feb 22, 2012
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:

NIGHTINGALE, SWEA
390 NORTH BRIDGE STREET
LABELLE, FL 33935 US

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: SWEA NIGHTINGALE

02/22/2012

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: LEVENTHAL, SHARON
Address: 5265 RIVER BLOSSUM LN.
City-St-Zip: FORT DENAUD, FL 33935

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

Title: D
Name: KELLY, BOONE W
Address: PO BOX 1156
City-St-Zip: LABELLE, FL 33975

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

02/22/2012

Electronic Signature of Signing Officer or Director

Date