## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000004774

TI FILED

Mar 28, 2007

Secretary of State

Entity Name: AFFORDABLE SPAY/NEUTER OF LEE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

13410 N CLEVELAND AVE FORT MYERS, FL 33903

Current Mailing Address: New Mailing Address:

13410 N CLEVELAND AVE FORT MYERS, FL 33903

FEI Number: 65-0858594 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

INK, THERESA D
7129 S BRENTWOOD RD
FORT MYERS, FL 33919 US
CAGATA, CARRIE M
8651 BELLE MEADE DRIVE
FORT MYERS, FL 33908 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: CARRIE M. CAGATA 03/28/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 INK, THERESA D
 Name:
 CAGATA, CARRIE M

 Address:
 7129 S BRENTWOOD RD
 Address:
 8651 BELLE MEADE DRIVE

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33908

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name: INK, JAMES M Name: CAGATA, JAY C

Address: 15100 SWEETWATER COURT Address: 8651 BELLE MEADE DRIVE
City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33908

 $\label{eq:title: VD (X) Change () Addition} \begin{tabular}{ll} Title: & VD & (X) Change () Addition \\ \end{tabular}$ 

 Name:
 GOLD, JANE B
 Name:
 WILHELM, SANDRA D

 Address:
 7839 EAGLES FLIGHT LANE
 Address:
 5912 COLE AVENUE

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 LOUISVILLE, KY 40258

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: CARRIE M. CAGATA PD 03/28/2007