

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005517					
1. Entity Name CIRCLE OF LIFE SPECIAL NEEDS ANIMAL SANCTUARY, INC.					
Principal Place of Business 2751 NE 56TH STREET OCALA FL 34479			Mailing Address 2751 NE 56TH STREET OCALA FL 34479		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3541021	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL 2751 NE 56TH STREET OCALA FL 34479				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Add
NAME	SCHNEIDER, MARGARET		NAME		
STREET ADDRESS	2751 NE 56TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34479		CITY-ST-ZIP		
TITLE	DVT	☐ Delete	TITLE	☐ Change	☐ Add
NAME	SCHNEIDER, MICHAEL		NAME		
STREET ADDRESS	2751 NE 56TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34479		CITY-ST-ZIP		
TITLE	FD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	MOORE, CHER		NAME		
STREET ADDRESS	8950 SE 72ND AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered 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.

SIGNATURE *Michael A. Schneider* *Michael A. Schneider* 4/5/06 352-351-2957