


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-24-2007 90003 017 \*\*\*\*61.25

<b>DOCUMENT # N98000005517</b> 1. Entity Name <b>CIRCLE OF LIFE SPECIAL NEEDS ANIMAL SANCTUARY, INC.</b>			
Principal Place of Business <b>2751 NE 56TH STREET OCALA FL 34479</b>		Mailing Address <b>2751 NE 56TH STREET OCALA FL 34479</b>	
2. Principal Place of Business - No P.O. Box # <b>7200 SE 22<sup>nd</sup> AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>7200 SE 22<sup>nd</sup> AVE</b> Suite, Apt. #, etc.	
City & State <b>OCALA FL</b>		City & State <b>OCALA FL</b>	
Zip <b>34480-6274</b>		Zip <b>34480-6274</b>	
Country <b>MARION</b>		Country <b>MARION</b>	
4. FEI Number <b>59-3541021</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHNEIDER, MICHAEL 2751 NE 56TH STREET OCALA FL 34479</b>		7. Name and Address of New Registered Agent Name <b>RICHARD H. GUSTAFSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>7200 SE 22<sup>nd</sup> AVE</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34480-6274</b>	
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: <i>Richard H. Gustafson</i> <b>RICHARD H. GUSTAFSON, Director/President</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP SCHNEIDER, MARGARET 2751 NE 56TH STREET OCALA FL 34479 <input checked="" type="checkbox"/> Delete	TITLE	DPS RICHARD H. GUSTAFSON 7200 SE 22 <sup>nd</sup> AVE OCALA FL 34480-6274 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, MICHAEL 2751 NE 56TH STREET OCALA FL 34479 <input checked="" type="checkbox"/> Delete	NAME	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MOORE, CHER 8950 SE 72ND AVE OCALA FL 34472 <input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> Delete	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> Delete	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> Delete	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> Delete	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: <i>Richard H. Gustafson</i> RICHARD H. GUSTAFSON 5-22-07 (352) 368-5828</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			