

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708180

Entity Name: THE ANIMAL WELFARE LEAGUE OF CHARLOTTE COUNTY, FLORIDA, INC.

FILED
Mar 12, 2024
Secretary of State
3929610779CC

Current Principal Place of Business:

3519 DRANCE ST.
PORT CHARLOTTE, FL 33980

Current Mailing Address:

3519 DRANCE ST
PORT CHARLOTTE, FL 33980 US

FEI Number: 59-1146309

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STEFFENS, KRISTIN
3519 DRANCE ST.
PORT CHARLOTTE, FL 33980 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: KRISTIN STEFFENS

03/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name KAGAN, RITA
Address 1070 LIVE OAK CIR
City-State-Zip: PORT CHARLOTTE FL 33948

Title PRESIDENT
Name WOTITZKY, HANNAH
Address 3519 DRANCE STREET
City-State-Zip: PORT CHARLOTTE FL 33952

Title OFFICER
Name LEONARD, NANAETTE
Address 1780 #10 DEBORAH DR
City-State-Zip: PUNTA GORDA FL 33950

Title OFFICER
Name DEGROVE, MARK
Address 327 CROSS ST
City-State-Zip: PUNTA GORDA FL 33950

Title OFFICER
Name ROLAND, JEANNE
Address 3519 DRANCE ST.
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title CEO, CFO
Name STEFFENS, KRISTIN
Address 3519 DRANCE ST
City-State-Zip: PORT CHARLOTTE FL 33980

Title OFFICER
Name LOWREY, BEV
Address 3519 DRANCE ST
City-State-Zip: PORT CHARLOTTE FL 33980

Title VICE PRESIDENT
Name MCGLOIN, KYLEE
Address 3519 DRANCE ST
City-State-Zip: PORT CHARLOTTE FL 33980

Continues on page 2

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: KRISTIN STEFFENS

EXECUTIVE DIRECTOR

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name LORINI, KAT
Address 3519 DRANCE ST
City-State-Zip: PORT CHARLOTTE FL 33980

Title OFFICER
Name MATRULLO, MIKI
Address 3519 DRANCE ST
City-State-Zip: PORT CHARLOTTE FL 33980

Title OFFICER
Name PRICE, CASSANDRA
Address 3519 DRANCE ST
City-State-Zip: PORT CHARLOTTE FL 33980

Title SECRETARY
Name HAYS, TAMSEN
Address 3519 DRANCE ST
City-State-Zip: PORT CHARLOTTE FL 33980