

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714747

**Entity Name:** GULF COAST HUMANE SOCIETY, INC.

**Current Principal Place of Business:**

2010 ARCADIA ST  
FORT MYERS, FL 33916

**Current Mailing Address:**

2010 ARCADIA ST  
FORT MYERS, FL 33916 US

**FEI Number: 59-0806978**

**Certificate of Status Desired: No**

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

HL STATUTORY AGENT, INC.  
5811 PELICAN BAY BLVD.  
SUITE 650  
NAPLES, FL 34108 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HALL, LEE A  
Address        2010 ARCADIA STREET  
City-State-Zip: FORT MYERS FL 33916

Title            VP  
Name            COOPER, ROBERT A  
Address        2010 ARCADIA STREET  
City-State-Zip: FORT MYERS FL 33916

Title            DIRECTOR  
Name            ALLEGRETTI, KAREN  
Address        2010 ARCADIA STREET  
City-State-Zip: FORT MYERS FL 33916

Title            SECRETARY  
Name            CASE, LYNDA C  
Address        2010 ARCADIA ST  
City-State-Zip: FORT MYERS FL 33916

Title            DIRECTOR  
Name            DITTMAN, GARY  
Address        2010 ARCADIA STREET  
City-State-Zip: FORT MYERS FL 33916

Title            VP  
Name            LOVE, NORMAN  
Address        2010 ARCADIA STREET  
City-State-Zip: FORT MYERS FL 33916

Title            DIRECTOR  
Name            WHYTE, JENN  
Address        2010 ARCADIA ST  
City-State-Zip: FORT MYERS FL 33916

Title            TREASURER  
Name            GALLOWAY, JENNIFER  
Address        2010 ARCADIA ST  
City-State-Zip: FORT MYERS FL 33916

**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: LEE HALL**

**PRESIDENT**

**04/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name POWELL, SHARON  
Address 2010 ARCADIA ST  
City-State-Zip: FORT MYERS FL 33916

Title DIRECTOR  
Name BLACK, LYDIA  
Address 2010 ARCADIA ST  
City-State-Zip: FORT MYERS FL 33916