

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000981

**Entity Name:** PAWS, LEE COUNTY, INC.

**Current Principal Place of Business:**

13410 N CLEVELAND AVE.  
N FORT MYERS, FL 33903

**Current Mailing Address:**

13410 N CLEVELAND AVE.  
N FORT MYERS, FL 33903

**FEI Number:** 94-3467822

**Certificate of Status Desired:** No

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

DESILETS-INK, THERESA  
7129 S BRENTWOOD RD  
FT MYERS, FL 33919 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 PD  
Name DESILETS-INK, THERESA  
Address 7129 S BRENTWOOD RD  
City-State-Zip: FT MYERS FL 33919

Title STD  
Name GOSNELL, GAYLE  
Address 12140F METRO PKWY  
City-State-Zip: FT MYERS FL 33966

Title VPD  
Name GISSENDANNER, ELTON DR DVM  
Address 3029 PLACID VIEW DR  
City-State-Zip: LAKE PLACID FL 33852

Title DIR  
Name GALLOWAY, JENNIFER  
Address 13100 SHIRE LANE  
City-State-Zip: FT MYERS FL 33912

Title DIR  
Name DORAN, MADELEINE DR  
Address 1521 BARCELONA AVE  
City-State-Zip: FT MYERS FL 33901

Title DIR  
Name FELDMAN, KAREN  
Address 953 IRIS DR  
City-State-Zip: N FT MYERS FL 33903

*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:** THERESA DESILETS-INK

**PRES**

**02/16/2013**

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

\_\_\_\_\_  
Date