

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008290

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: PROTECTORS OF COMPANION ANIMALS, INC.

**Current Principal Place of Business:**

120 N FAIRFAX AVE  
WINTER SPRINGS, FL 327082533 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 181176  
CASSELBERRY, FL 327181176 US

**New Mailing Address:**

FEI Number: 59-3760425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WADE, GLORIA E PRES.  
120 N FAIRFAX AVE  
WINTER SPRINGS, FL 327082533 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WADE, GLORIA E PRES.  
Address: 120 N FAIRFAX AVE  
City-St-Zip: WINTER SPRINGS, FL 327082533 US

Title: D ( ) Delete  
Name: NAGAN, GAIL V. P.  
Address: 303 ALTAMONTE BAY CLUM CIRCLE, APT. 106  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D ( ) Delete  
Name: FRAZIER, JOAN SEC.  
Address: 1201 MURDOCK BOULEVARD  
City-St-Zip: ORLANDO, FL 32714 US

Title: D ( ) Delete  
Name: VORDEBURG, PAMELA TREAS.  
Address: 137 EAST CONCORD STREET  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FRAZIER, JOAN SEC.  
Address: 1201 MURDOCK BOULEVARD  
City-St-Zip: ORLANDO, FL 32825 US

Title: D (X) Change ( ) Addition  
Name: FRAZIER, JOAN TREAS.  
Address: 1201 MURDOCK BOULEVARD  
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLORIA E. WADE

MS.

01/24/2005

Electronic Signature of Signing Officer or Director

Date