

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 23 PM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763212 (8)

1. Corporation Name

VOLUNTEER SERVICES FOR ANIMALS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7077 AIRPORT ROAD NAPLES FL 33942	7077 AIRPORT ROAD NAPLES FL 33942

3. Date Incorporated or Qualified	3a. Date of Last Report
05/11/1982	04/26/1994
4. FEI Number	Applied For
59-2197365	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**LOJEWSKI, EUGENE A., P.A.
4700 TAMiami TRAIL NORTH, STE 6A
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARD, LOUISE
STREET ADDRESS	508 CARICA ROAD
CITY - ST - ZIP	NAPLES FL
TITLE	VD
NAME	FOLEY, LINDA
STREET ADDRESS	290 10TH AVE SO
CITY - ST - ZIP	NAPLES FL
TITLE	STD
NAME	ASHER, SHAREN
STREET ADDRESS	625 YUCCA RD
CITY - ST - ZIP	NAPLES, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARD, LOUISE	
1.3 STREET ADDRESS	508 CARICA ROAD	
1.4 CITY - ST - ZIP	NAPLES, FL 33963	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LYNN THOMAS	
2.3 STREET ADDRESS	9836 LUNA CIRCLE	
2.4 CITY - ST - ZIP	NAPLES, FL 33942	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KARLEEN HATTISON	
3.3 STREET ADDRESS	376 EDGEHERE WAY N.	
3.4 CITY - ST - ZIP	NAPLES, FL 33999	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHAREN ASHER	
4.3 STREET ADDRESS	625 YUCCA ROAD	
4.4 CITY - ST - ZIP	NAPLES, FL 33940	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharen S Asher SHAREN ASHER Date: 4/25/95 813-262-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR