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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 763212 (8)

1. Corporation Name
VOLUNTEER SERVICES FOR ANIMALS, INC.



Principal Place of Business: 7077 AIRPORT ROAD NAPLES FL 33942
Mailing Address: 7077 AIRPORT ROAD NAPLES FL 34109-1709

3. Date Incorporated or Qualified: 05/11/1982
3a. Date of Last Report: 10/04/1986

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 59-2197365 Applied For: 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LOJEWSKI, EUGENE A., P.A.
4909 CATALINA DRIVE
M-46
NAPLES FL 34112

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PD MARD, LOUISE
STREET ADDRESS: 508 CARICA ROAD NAPLES FL
CITY-ST-ZIP: _____
TITLE: VD THOMAS, LYNN
STREET ADDRESS: 9836 LUNA CIRCLE NAPLES FL
CITY-ST-ZIP: _____
TITLE: SD MATTISON, KARLEEN
STREET ADDRESS: 376 EDMERE WAY NORTH NAPLES, FL 00000
CITY-ST-ZIP: _____
TITLE: TD ASHER, SHAREN
STREET ADDRESS: 625 YUCCA ROAD NAPLES FL
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE: VD
2.2 NAME: JAMES JOHNSON
2.3 STREET ADDRESS: 92 10TH AVE 50
2.4 CITY-ST-ZIP: NAPLES, FL 34102
3.1 TITLE: SD
3.2 NAME: BARBARA LEE
3.3 STREET ADDRESS: 6 ST. TROPEZ DR.
3.4 CITY-ST-ZIP: NAPLES, FL 34112
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharen Asher / SHAREN ASHER Date: 2/10/97 Daytime Phone #: 941-262-4464

CP2E037 (9/96)