

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763212 (8)**  
1. Corporation Name  
**VOLUNTEER SERVICES FOR ANIMALS, INC.**



Principal Place of Business <b>7077 AIRPORT ROAD NAPLES FL 33942</b>	Mailing Address <b>7077 AIRPORT ROAD NAPLES FL 33942</b>
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3. Date incorporated or Qualified <b>05/11/1982</b>	Applied For Not Applicable
4. FEI Number <b>59-2197365</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>7077 AIRPORT ROAD</b>	2a. Mailing Address 26 <b>7077 AIRPORT ROAD</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>NAPLES, FL.</b>	City & State 28 <b>NAPLES, FL.</b>
Zip 24 <b>34102</b>	Country 25 <b>COLLIER</b>
Zip 29 <b>34102</b>	Country 30 <b>COLLIER</b>

9. Name and Address of Current Registered Agent <b>LOJEWSKI, EUGENE A., P.A. 4909 CATALINA DRIVE M-46 NAPLES FL 34112</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>MARD, LOUISE</b>	
STREET ADDRESS	<b>508 CARICA ROAD</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>JAMES JOHNSON</b>	
STREET ADDRESS	<b>92 10TH AVE SO</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>BARBARA LEE</b>	
STREET ADDRESS	<b>6TH ST TROPEZ DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>ASHER, SHAREN</b>	
STREET ADDRESS	<b>625 YUCCA ROAD</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>JANICE RUDOLPH</b>		
1.3 STREET ADDRESS	<b>225 HOORINGLINE DRIVE</b>		
1.4 CITY-ST-ZIP	<b>NAPLES, FL. 34102</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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** 2/13/98 941-262-4464

CP2E037 (1097)