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Secretary of State

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| NONPROFIT - CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 763212

1. Corporation Name
VOLUNTEER SERVICES FOR ANIMALS, INC.

| | |
|--|--|
| Principal Place of Business 7077 AIRPORT ROAD NAPLES FL 34101-8221 US | Mailing Address 7077 AIRPORT ROAD NAPLES FL 34101-8221 US |
|--|--|



| | | | | |
|--|--|---|---------------------------------------|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 2a. Mailing Address 26. P.O. Box 8221 Suite, Apt. #, etc. 27. - | 3. Date Incorporated or Qualified 05/11/1982 | 4. FEI Number 59-2197365 | Applied For <input type="checkbox"/> Not Applicable |
| 23. City & State Zip Country | 28. City & State NAPLES, FL Zip Country 29. 34101-8221 30. USA | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 24. Zip Country | 25. 34101 29. 8221 30. USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |

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

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | RUDOLPH, JANICE | |
| STREET ADDRESS | 225 MOORINGLINE DR | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | JAMES JOHNSON | |
| STREET ADDRESS | 92 10TH AVE SO | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BARBARA LEE | |
| STREET ADDRESS | 6TH ST TROPEZ DR | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ASHER, SHAREN | |
| STREET ADDRESS | 625 YUCCA ROAD | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MELANIE FIELDS | |
| 1.3 STREET ADDRESS | 1983 48TH STREET, SW | |
| 1.4 CITY-ST-ZIP | NAPLES, FL 34116 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PLANA CHADWICK | |
| 2.3 STREET ADDRESS | 4719 KITTIWAKE CT | |
| 2.4 CITY-ST-ZIP | NAPLES, FL 34119 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 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 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, with all other like empowered.

SIGNATURE: Sharen Asher **SHAREN ASHER** 1/20/99 941-262-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0063018

CR2/F037-11/991