

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90003 050 \*\*\*\*61.25

**DOCUMENT # 763212**

1. Entity Name

**VOLUNTEER SERVICES FOR ANIMALS, INC.**



Principal Place of Business

**LOUISE MARO  
2860 SHERMAN AVE.  
NAPLES FL 34120  
US**

Mailing Address

**P.O BOX 110727  
NAPLES FL 34108  
US**

**54015901**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2197365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASHBY, MICHAEL  
3148 ANDORRA COURT  
NAPLES FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **MARO, LOUISE**  
STREET ADDRESS **2860 SHERMAN AVE.**  
CITY-ST-ZIP **NAPLES FL 34120**

TITLE **VD** ☒ Delete  
NAME **SHAREN, ASHER**  
STREET ADDRESS **1075 AUGUSTA FALLS WAY**  
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **SD** ☐ Delete  
NAME **KEMP, MAGGIE**  
STREET ADDRESS **4834 DEVON CIRCLE**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **SD** ☐ Delete  
NAME **DONALDSON, DIANE**  
STREET ADDRESS **4980 TAMARIND RIDGE DRIVE**  
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **TD** ☒ Delete  
NAME **ASHBY, MICHAEL**  
STREET ADDRESS **3148 ANDORRA COURT**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **TREASURER** ☐ Delete  
NAME **MELANIE JANE FIELDS**  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **MARO, LOUISE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4980 TAMARIND RIDGE DRIVE**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TREASURER**  
NAME **MELANIE JANE FIELDS**  
STREET ADDRESS **3711 31ST AVE. S.W.**  
CITY-ST-ZIP **NAPLES, FL 34117**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Melanie Jane Fields **MELANIE JANE FIELDS, TREAS. 2-28-04 (239)353-2760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #