


**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      Mailing Address  
**LOUISE MARO**      **P.O BOX 110727**  
**2860 SHERMAN AVE.**      **NAPLES FL 34108**  
**NAPLES FL 34120**      **US**  
**US**

**54015901**



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-2197365**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ASHBY, MICHAEL**  
**3148 ANDORRA COURT**  
**NAPLES FL 34109**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	MARO, LOUISE	
STREET ADDRESS	2860 SHERMAN AVE.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHAREN, ASHER	
STREET ADDRESS	1075 AUGUSTA FALLS WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEMP, MAGGIE	
STREET ADDRESS	4834 DEVON CIRCLE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DONALDSON, DIANE	
STREET ADDRESS	4980 TAMARIND RIDGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ASHBY, MICHAEL	
STREET ADDRESS	3148 ANDORRA COURT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	MELANIE JANE FIELDS	
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARO, LOUISE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4980 TAMARIND RIDGE DRIVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	MELANIE JANE FIELDS	
CITY-ST-ZIP	3711 31ST AVE. S.W. 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 #