


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90013 009 ****61.25

DOCUMENT # 763212

1. Entity Name
VOLUNTEER SERVICES FOR ANIMALS, INC.



Principal Place of Business Mailing Address

**RUTH STERLING
2860 SHERMAN AVE.
NAPLES FL 34117
US**

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



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 Applied For

59-2197365 Not Applicable

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

1st MOORE CR2E037 (10/05)

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 **Diane Donaldson**

Street Address (P.O. Box Number is Not Acceptable) **5140 TAMARIND RIDGE DR.**

City **NAPLES** FL Zip Code **34119**

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 *Diane Donaldson - Secretary/director* **2-10-06**

Signature, typed or printed name of registered agent and title if applicable (Not Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STERLING, RUTH	
STREET ADDRESS	2434 GOLDEN GATE BLVD W	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESTES, PHYLLIS	
STREET ADDRESS	3334 BALBOA CIRCLE W	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, JODI	
STREET ADDRESS	3301 TAMiami TRAIL EAST BLDG H 3RD FL	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DONALDSON, DIANE	
STREET ADDRESS	5140 TAMARIND RIDGE DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIELDS, MELANIE J	
STREET ADDRESS	3711 31ST AVE. S.W.	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD	
STREET ADDRESS	FIELDS, MELANIE J	
CITY-ST-ZIP	3721 31st AVE. S.W. NAPLES, FL 34117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Diane Donaldson* **2-10-06** **239-353-6923**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Receiver Phone #