


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90042 025 ****61.25

DOCUMENT # 763212					
1. Entity Name VOLUNTEER SERVICES FOR ANIMALS, INC.					
Principal Place of Business RUTH STERLING 2860 SHERMAN AVE. NAPLES, FL 34117 US		Mailing Address 6017 PINE RIDGE RD #330 NAPLES, FL 34119 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2197365	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DONALDSON, DIANE 5140 TAMARIND RIDGE DR NAPLES, FL 34119			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLING, RUTH		NAME		
STREET ADDRESS	2434 GOLDEN GATE BLVD W		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, PHYLLIS		NAME		
STREET ADDRESS	3334 BALBOA CIRCLE W		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S-T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, DIANE		NAME	DONALDSON, Diane	
STREET ADDRESS	5140 TAMARIND RIDGE DR		STREET ADDRESS	5140 Tamarind Ridge Dr	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, Fl 34119	
TITLE	T	<input type="checkbox"/> Delete	TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, MELANIE J		NAME	FIELDS, melanie	
STREET ADDRESS	3711 31 ST. AVE S.W.		STREET ADDRESS	3711 31st Ave. SW.	
CITY-ST-ZIP	NAPLES, FL 34117		CITY-ST-ZIP	Naples, Fl 34117	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Diane Donaldson</u>			1/30/08 239-353-6923		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		