

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 06, 2008
Secretary of State**

DOCUMENT# 763212

Entity Name: VOLUNTEER SERVICES FOR ANIMALS, INC.**Current Principal Place of Business:**RUTH STERLING
2860 SHERMAN AVE.
NAPLES, FL 34117 US**New Principal Place of Business:****Current Mailing Address:**6017 PINE RIDGE RD
#330
NAPLES, FL 34119 US**New Mailing Address:**

FEI Number: 59-2197365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DONALDSON, DIANE
5140 TAMARIND RIDGE DR
NAPLES, FL 34119 US**Name and Address of New Registered Agent:**STIRLING, RUTH PD
2860 SHERMAN AVE.
NAPLES, FL 34117 US

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.

SIGNATURE: RUTH STIRLING

03/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: STERLING, RUTH
Address: 2434 GOLDEN GATE BLVD W
City-St-Zip: NAPLES, FL 34120Title: VD () Delete
Name: ESTES, PHYLLIS
Address: 3334 BALBOA CIRCLE W
City-St-Zip: NAPLES, FL 34105Title: STD () Delete
Name: DONALDSON, DIANE
Address: 5140 TAMARIND RIDGE DR
City-St-Zip: NAPLES, FL 34119Title: SD () Delete
Name: FIELDS, MELANIE J
Address: 3711 31 ST. AVE S.W.
City-St-Zip: NAPLES, FL 34117**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH STIRLING

PD

03/06/2008

Electronic Signature of Signing Officer or Director

Date