


2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 23 PM 2:10

DOCUMENT # 763212			
1. Entity Name VOLUNTEER SERVICES FOR ANIMALS, INC.			
Principal Place of Business RUTH STERLING <i>Stirling</i> <del>2060 SHERMAN AVE.</del> NAPLES, FL 34117 US		Mailing Address 6017 PINE RIDGE RD #330 NAPLES, FL 34119 US	
2. Principal Place of Business - No P.O. Box # <i>2434 Golden Gate Blvd W</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Naples, FL</i>		City & State	
4. FEI Number 59-2197365	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STIRLING, RUTH PD <del>2060 SHERMAN AVE.</del> NAPLES, FL 34117		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<i>2434 Golden Gate Blvd W</i>		<i>Naples, FL 34120</i>	
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)	
Amended AR is <u>\$61.25</u>		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 NAME STREET ADDRESS CITY-ST-ZIP	PD STERLING, RUTH <i>Stirling</i> <input type="checkbox"/> Delete 2434 GOLDEN GATE BLVD W NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATHI M MATSSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2901 Hacienda E 218A BONITA SPRINGS FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTES, PHYLLIS <input type="checkbox"/> Delete 3334 BALBOA CIRCLE W NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Christine Avery <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9802 Rocky Bank Dr. Naples FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DONALDSON, DIANE <input checked="" type="checkbox"/> Delete 5140 TAMARIND RIDGE DR NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Christina Spevak <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10795 Fieldfair Dr. Naples FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIELDS, MELANIE J <input checked="" type="checkbox"/> Delete 3711 31 ST. AVE S.W. NAPLES, FL 34117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Michele Antonia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7620 Rookery LN Naples FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD M. Ashby <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Add 3148 ANDORRA CT NAPLES FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TS 4/24/08</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kathi M. Mattsson, Treasurer</i>		Date: <i>4/17/08</i> Daytime Phone #: <i>2395978165</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	