

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763212

Entity Name: VOLUNTEER SERVICES FOR ANIMALS, INC.**Current Principal Place of Business:**3334 BALBOA CIR W
NAPLES, FL 34105**Current Mailing Address:**6017 PINE RIDGE RD
#330
NAPLES, FL 34119**FEI Number:** 59-2197365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESTES, PHYLLIS JPD
3334 BALBOA CIR W
NAPLES, FL 34105 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	ESTES, PHYLLIS J
Address	3334 BALBOA CIR W
City-State-Zip:	NAPLES FL 34105

Title	D
Name	GORDON, MICHAEL
Address	6462 BIRCHWOOD COURT
City-State-Zip:	NAPLES FL 34109

Title	VPD
Name	AVERY, CHRISTINE
Address	9802 ROCKY BANK DRIVE
City-State-Zip:	NAPLES FL 34109

Title	TD
Name	GAFFNEY, AMY E
Address	2461 PINEWOODS CIR
City-State-Zip:	NAPLES FL 34105

Title	SD
Name	FIEGER, ANGELA
Address	1075 28TH AVE N
City-State-Zip:	NAPLES FL 34103

Title	VPD
Name	LAMB, YVONNE
Address	28582 ALESSANDRIA CIRCLE
City-State-Zip:	BONITA SPRINGS FL 34135

I hereby 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 all other like empowered.

SIGNATURE: AMY E. GAFFNEY**TREASURER****03/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date