

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009184

**Entity Name:** FRIENDS OF ANIMAL SERVICES, INC.**Current Principal Place of Business:**8520 GOVERNMENT DR  
SUITE 1  
NEW PORT RICHEY, FL 34654**Current Mailing Address:**P.O. BOX 215  
ELFERS, FL 34680 US**FEI Number:** 26-1076656**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARLOWE, RUSSELL G  
8520 GOVERNMENT DR  
SUITE 1  
NEW PORT RICHEY, FL 34654 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	P
Name	COX, ABBEY
Address	P.O. BOX 215
City-State-Zip:	ELFERS FL 34680

Title	VP
Name	YZAGUIRRE, KELLY
Address	P.O. BOX 215
City-State-Zip:	ELFERS FL 34680

Title	DIRECTOR
Name	HENNESSY, MICHELLE
Address	P.O. BOX 215
City-State-Zip:	ELFERS FL 34680

Title	DIRECTOR
Name	WESTON-BOGART, PATRICIA M. DR.
Address	P.O. BOX 215
City-State-Zip:	ELFERS FL 34680

Title	T
Name	GREENE, DARLENE
Address	P.O. BOX 215
City-State-Zip:	ELFERS FL 34680

Title	SECRETARY
Name	WILLIAMS, SUSAN
Address	P.O. BOX 215
City-State-Zip:	ELFERS FL 34680

Title	DIRECTOR
Name	COX, MICHAEL
Address	P.O. BOX 215
City-State-Zip:	ELFERS FL 34680

Title	DIRECTOR
Name	HESSMAN, DIANA
Address	P.O. BOX 215
City-State-Zip:	ELFERS FL 34680

**Continues on page 2**

*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:** DARLENE GREENE**TREASURER****03/03/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR	Title	ASST. TREASURER
Name	BOYCE, NANCY	Name	PAULK, JANA
Address	P.O. BOX 215	Address	P.O. BOX 215
City-State-Zip:	ELFERS FL 34680	City-State-Zip:	ELFERS FL 34680