

**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

**FILED**  
**Mar 03, 2024**  
**Secretary of State**  
**9615792889CC**

**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  
Name            BOYCE, NANCY  
Address        P.O. BOX 215  
City-State-Zip:  ELFERS FL 34680

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