

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009184

**Entity Name:** FRIENDS OF ANIMAL SERVICES, INC.

**FILED**  
**Mar 31, 2021**  
**Secretary of State**  
**9516642038CC**

**Current Principal Place of Business:**

9020 RANCHO DEL RIO DRIVE  
SUITE 101  
NEW PORT RICHEY, FL 34665

**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  
9020 RANCHO DEL RIO DRIVE  
SUITE 101  
NEW PORT RICHEY, FL 34655 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 DEPEW, LISA  
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**

**03/31/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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