

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009184

**Entity Name:** FRIENDS OF ANIMAL SERVICES, INC.**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	10831 PANICUM CT
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	VP
Name	YZAGUIRRE, KELLY
Address	19814 BELLEHURST LOOP
City-State-Zip:	LAND O LAKES FL 34638

Title	S
Name	HOLLINGSHEAD, MEGAN
Address	5109 SOUTHSORE DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	D
Name	HOLLAND, BETTY
Address	5611 BAROQUE DR.
City-State-Zip:	HOLIDAY FL 34690

Title	D
Name	WESTON-BOGART, PATRICIA MDR.
Address	5732 ROWAN RD.
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	T
Name	GREENE, DARLENE
Address	13824 PLAINVIEW RD.
City-State-Zip:	ODESSA FL 33556

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

*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****01/16/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date