

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009184

Entity Name: FRIENDS OF ANIMAL SERVICES, INC.

FILED
Apr 05, 2019
Secretary of State
7497421884CC

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 S
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 DIRECTOR
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

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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

04/05/2019

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