

2023 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	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

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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****03/11/2023**_____
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