

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009184

Entity Name: FRIENDS OF ANIMAL SERVICES, INC.

FILED
Jan 26, 2016
Secretary of State
CC4726755733

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 DEPEW, LISA
Address 1859 OVERVIEW DR
City-State-Zip: NEW PORT RICHEY FL 34655

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

Title D
Name WESTON-BOGART, PATRICIA M. DR.
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 HOLLINGSHEAD, MEGAN
Address 9935 LAKEVIEW DR.
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name WOLF, MARILYN
Address 14206 COPPERTREE CT
City-State-Zip: HUDSON FL 34667

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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

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILLIAMS, SUSAN
Address 4900 SOUTHSORE DR.
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name COX, MICHAEL
Address 10831 PANICUM CT.
City-State-Zip: NEW PORT RICHEY FL 34655