

2016 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	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