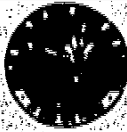


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 744390 (6)

1. Corporation Name
FRIENDS OF STRAYS, INC.

Principal Place of Business Mailing Address
2911 47 AVE N ST PETERSBURG FL 33714 US **2911 47 AVE N ST PETERSBURG FL 33714 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/26/1978** 3a. Date of Last Report **04/04/1994**

4. FEI Number **59-2156540** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BOMONTI, JEAN
625 66 AVENUE SOUTH
ST PETERSBURG FL 33705**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DMP RAYLEAN, DRUE E 6885 14 WAY S ST PETERSBURG FL
DC BOMONTI, JEAN 1625 66TH AVE S ST PETERSBURG FL
D HAGAN, MARGARET 2352 W. VINYA DEL MAR ST. PETERSBURG FL
D DORTON, SANDY 1714 PAGE AVE LARGO FL
VD LUDWISKY, JOAN 1028 58TH AVE SE ST PETERSBURG FL
D MCDONOUGH, ANN 146 BOCA CIEGA PT ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME **Director**
4.3 STREET ADDRESS **Beverly Passe**
4.4 CITY-ST-ZIP **2923 longbrook Way Clearwater, Florida**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Drue E. Raylean*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

4-13-95 **813-522-6546**
Date Daytime Phone #

DRUE E. RAYLEAN, EXECUTIVE DIRECTOR

740390

Additional Directors:

D Abeles, Olga 2406 Cordova Greens
Seminole, Florida

D Rowan, Frank 2022 Gulf Blvd.
Indian Shores, Florida