

**FILE NOW: FILING FEE IS \$61.25**

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 744390 (6)

1. Corporation Name  
**FRIENDS OF STRAYS, INC.**



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

3. Date Incorporated or Qualified: 09/26/1978  
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2156540  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOMONTI, JEAN**  
625 66 AVENUE SOUTH  
ST PETERSBURG FL 33705

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DMP	<input type="checkbox"/> DELETE
NAME	RAYLEAN, DRUE E	
STREET ADDRESS	6885 14 WAY S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BOMONTI, JEAN	
STREET ADDRESS	1625 66TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAGAN, MARGARET	
STREET ADDRESS	2352 W. VINYA DEL MAR	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASSE, BEVERLY	
STREET ADDRESS	2923 LONGBROOK WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUDWISKY, JOAN	
STREET ADDRESS	1026 58TH AVE SE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONOUGH, ANN	
STREET ADDRESS	146 BOCA CIEGA PT	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director Dawn E. Fisher
6.3 STREET ADDRESS	7922 Sailboat Key
6.4 CITY-ST-ZIP	South Pasadena, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan Ludwisky 4/30/96 522-6566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Additional Directors:

- |                 |   |
|-----------------|---|
| D Abeles, Olga  | 2406 Cordova Greens<br>Seminole, FL.          |
| D Rowan, Frank  | 2022 Gulf Blvd.<br>Indian Shores, FL.         |
| D Fran Williams | 104 Bay Point Dr. N.E.<br>St. Petersburg, FL. |