

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified  
**09/26/1978**

4. FEI Number  
**59-2156540**

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**BOMONTI, JEAN**  
**127 MOUND WAY**  
**ST PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)	83	84 City	85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DMP, <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAYLEAN, DRUE E</b>	1.2 NAME	
STREET ADDRESS	<b>6885 14 WAY S</b>	1.3 STREET ADDRESS	<b>ONE BEACH DRIVE S.E.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP	<b>2505 - BOX 8</b>
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOMONTI, JEAN</b>	2.2 NAME	
STREET ADDRESS	<b>1927 MOUND WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGAN, MARGARET</b>	3.2 NAME	
STREET ADDRESS	<b>2352 W. VINYA DEL MAR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASSE, BEVERLY</b>	4.2 NAME	
STREET ADDRESS	<b>2923 LONGBROOK WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUDWISKY, JOAN</b>	5.2 NAME	
STREET ADDRESS	<b>1028 58TH AVE SE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISHER, DAWN E</b>	6.2 NAME	
STREET ADDRESS	<b>7922 SAILBOAT KEY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTH PASADENA FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Drue E. Raylean, Pres. Director*  
**DRUE E. RAYLEAN, PRES. DIRECTOR** **4-21-98** **813-522-6566**

CR2E037 (10/97)

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. |