


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90272 031 ****70.00

DOCUMENT # 744390
 1. Entity Name
 FRIENDS OF STRAYS, INC.



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

DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2156540	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 BOMONTI, JEAN
 127, MOUND WAY
 ST PETERSBURG, FL 33712

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMP RAYLEAN, DRUE E ONE BEACH DR SE 2505 BOX 8 ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BOMONTI, JEAN 1927 MOUND WAY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGAN, PEGGY <i>DECEASED</i> 700 STANLEY ROAD #1134 LARGO, FL 34641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASSE, BEVERLY 2923 LONGBROOK WAY CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, DAWN E 5214 GULFPORT BLVD. GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWAN, FRANK 1200 SHERRY ST. NE, NO. 5 SAINT PETERSBURG, FL

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DRUE E RAYLEAN, EXECUTIVE DIRECTOR 4-13-04 727 522-6566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

744390

DIRECTORS:

SAMORASYK, CAROL
5414 WELLMANI DRIVE
ST PETERSBURG BEACH, FLORIDA

SCHOONOVER, LYNDA
1920 ARROWHEAD DRIVE
ST PETERSBURG, FLORIDA 33703

WILLIAMS, FRAN
104 BAY POINT DRIVE N.E.
ST PETERSBURG, FLORIDA