


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 001 ****70.00

DOCUMENT # 744390 1. Entity Name FRIENDS OF STRAYS, INC.	
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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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DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

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

6. 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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Anna D. Curry* 4/21/06 727-522-6566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60033350

#744390

Directors

Schoonover, Lynda
1920 Arrowhead Drive
St Petersburg, FL 33703

Williams, Fran
104 Bay Point Drive NE
St Petersburg, FL 337

Bard, Karla
6015 N Eustace Ave
Tampa, FL 33604

Curry, Lynn
5522 13th Ave So
Gulfport, FL 33707

Stoft, Lori
521 89th Ave N
St Petersburg, FL 33702