


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 744390	
1. Entity 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



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 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	

U00000890628
04/22/08-80101-008 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Dawn E. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2008 727-522-6566
Date Daytime Phone #