

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744390

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: FRIENDS OF STRAYS, INC.

**Current Principal Place of Business:**

2911 47 AVE N  
ST PETERSBURG, FL 33714 US

**New Principal Place of Business:**

**Current Mailing Address:**

2911 47 AVE N  
ST PETERSBURG, FL 33714 US

**New Mailing Address:**

FEI Number: 59-2156540      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DMP ( ) Delete  
Name: RAYLEAN, DRUE E,  
Address: ONE BEACH DR SE 2505 BOX 8  
City-St-Zip: ST PETERSBURG, FL 33701

Title: DC ( ) Delete  
Name: BOMONTI, JEAN,  
Address: 1927 MOUND WAY  
City-St-Zip: ST PETERSBURG, FL

Title: D ( ) Delete  
Name: PASSE, BEVERLY  
Address: 2923 LONGBROOK WAY  
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete  
Name: FISHER, DAWN E  
Address: 5214 GULFPORT BLVD.  
City-St-Zip: GULFPORT, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN B. BOMONTI

DC

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date