2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#744390

FILED Jan 07, 2009 Secretary of State

Entity Name: FRIENDS OF STRAYS, INC.

urrent P	Principal Place of Business	s:	New Principal Place	of Business:
911 47 A T PETER	VE N RSBURG, FL 33714 US			
urrent N	Mailing Address:		New Mailing Addres	ss:
911 47 A ГРЕТЕР	VEN RSBURG, FL 33714 US			
El Number	r: 59-2156540 FEI Number	Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
ame and	d Address of Current Regi	stered Agent:	Name and Address	of New Registered Agent:
	I, JEAN ND WAY RSBURG, FL 33712 US			
	e named entity submits this s e of Florida.	statement for the p	ourpose of changing its registere	ed office or registered agent, or both
the Stat	e of Florida.	statement for the p	ourpose of changing its registere	ed office or registered agent, or both
the Stat	e of Florida.	·		ed office or registered agent, or both Date
the Stat GNATU	e of Florida. RE:	·	ent	
the Stat GNATU FFICER e: me: dress:	Electronic Signature S AND DIRECTORS: DMP () Delete RAYLEAN, DRUE E, ONE BEACH DR SE 2505 BO)	of Registered Ag	ent	Date
the Stat GNATU FFICER le: me: dress: y-St-Zip: le: me: dress:	Electronic Signature S AND DIRECTORS: DMP () Delete RAYLEAN, DRUE E, ONE BEACH DR SE 2505 BO)	of Registered Ag	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
the Stat GNATU	Electronic Signature S AND DIRECTORS: DMP () Delete RAYLEAN, DRUE E, ONE BEACH DR SE 2505 BO) ST PETERSBURG, FL 33701 DC () Delete BOMONTI, JEAN, 1927 MOUND WAY	of Registered Ag	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date SES TO OFFICERS AND DIRECTO () Change () Addition

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