


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90999 010 ****70.00

DOCUMENT # 744390

1. Entity Name
FRIENDS OF STRAYS, INC.



Principal Place of Business Mailing Address

**2911 47 AVE N
ST PETERSBURG FL 33714
US** **2911 47 AVE N
ST PETERSBURG FL 33714
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2156540** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DMP	<input type="checkbox"/> Delete
NAME	RAYLEAN, DRUE E	
STREET ADDRESS	ONE BEACH DR SE 2505 BOX 8	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BOMONTI, JEAN	
STREET ADDRESS	1927 MOUND WAY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGAN, MARGARET	
STREET ADDRESS	2352 W. VINYA DEL MAR	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASSE, BEVERLY	
STREET ADDRESS	2923 LONGBROOK WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, DAWN E	
STREET ADDRESS	7922 SAILBOAT KEY	
CITY-ST-ZIP	SOUTH PASADENA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUE E. HAYES	
STREET ADDRESS	700 STARKEY ROAD # 1134	
CITY-ST-ZIP	LARGO, FLORIDA 34641	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN E. FISHER	
STREET ADDRESS	5214 GULFPORT BLVD	
CITY-ST-ZIP	GULFPORT, FLORIDA 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 - Representative Director*
SIGNATURE REQUIRED 4-29-03 727-522-6566

CR2E037 (10/02)

attachment

90119142
#744398

DIRECTORS:

ROWAN, FRANK

1200 CHERRY ST. N.E.

NO. 5

ST PETERSBURG, FLORIDA

SAMORAJCYK, 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