

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90003 013 ****61.25

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1. Entity Name
ANIMAL FRIENDS SOCIETY INC.

Principal Place of Business

4510 DREXEL ROAD
LAND O LAKES, FL 34638

34638

Mailing Address

4510 DREXEL ROAD
LAND O LAKES, FL 34638 US

54058199



05092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2135888

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAY, BETTY
4510 DREXEL RD
LAND O LAKES, FL 34639

**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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAY, BETTY
STREET ADDRESS 4510 DREXEL ROAD
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE VPD
NAME WINN, CAROL
STREET ADDRESS 3705 MONACH ST
CITY-ST-ZIP TAMPA, FL 34618

TITLE TD
NAME ROBB, JANE
STREET ADDRESS 203 W KIRBY
CITY-ST-ZIP TAMPA, FL 33604

TITLE S
NAME FLETCHER, JEAN
STREET ADDRESS 3015 WISTER CIRCLE
CITY-ST-ZIP VALRICO, FL 33594

TITLE D
NAME COOPER, MONICA
STREET ADDRESS 9460 125TH ST N
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Betty Hay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/04
Date

Daytime Phone #