2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 28, 2005 8:00 am
Secretary of State
02-28-2005 90199 009 ****61.25

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01182006 Chg-NP CR2E037 (10/03)

DOCUMENT # 759477

1. Entity Name
ANIMAL FRIENDS SOCIETY INC.

Principal Place of Business	Mailing Address
4510 DREXEL ROAD LAND O LAKES, FL 34639 34638	4510 DREXEL ROAD LAND O LAKES, FL 34639 US 34638

2. Principal Place of Business	3. Mailing Address
4510 Drexel Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Land O'Lakes, Fla.	City & State: same
Zip: 34638 County: Pasco	Zip: Same Country: USA

4. FEI Number: 59-2135888 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAY, BETTY
4510 DREXEL RD
LAND O LAKES, FL 34639
34638

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: Betty S. Hay
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting) DATE

Filing Fee is $61.25 Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D HAY, BETTY 4510 DREXEL ROAD LAND O LAKES, FL 34639 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WINN, CAROL 3705 MONACH ST TAMPA, FL 34618 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Vanessa Hall VP D 33142 Hickory Rd Dade City, Fl 33523
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBB, JANE 203 W KIRBY TAMPA, FL 33604 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Monica Cooper T D 9460 125th St N. Semnole, Fl 33772 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FLETCHER, JEAN 3015 WISTER CIRCLE VALRICO, FL 33594 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elaine Pate S 14203 Les Palm Cir. #3 Tp, Fl 33613 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, MONICA 9460 125TH ST N SEMINOLE, FL 33772 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wayde C. VanVelkinburgh D 2518 Chateau Dr LUTZ, Fl 33559 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 S. Hay 2/22/04 (813) 996-6349
Signature and Typed or Printed Name of Individual Authorized Officer or Director Date Daytime Phone #