

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 759477

1. Entity Name
ANIMAL FRIENDS SOCIETY INC.



Principal Place of Business
**4510 DREXEL ROAD
LAND 'O' LAKES, FL 34638**

Mailing Address
**4510 DREXEL ROAD
LAND 'O' LAKES, FL 34638 US**



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2135888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAY, BETTY
4510 DREXEL RD
LAND 'O' LAKES, FL 34638**

**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 May 1, 2006**

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	HALL, VANESSA
STREET ADDRESS	33142 HICKORY RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	TD
NAME	COOPER, MONICA
STREET ADDRESS	9460 125TH ST N
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	S
NAME	PATE, ELAINE
STREET ADDRESS	14203 LES PALM CIR #3
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	VANVELKINBURGH, WAYDE C
STREET ADDRESS	2518 CHAREAU DR
CITY-ST-ZIP	LUTZ, FL 33559
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000389972
01/23/06-80006-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 (813) 996-6349
Date Daytime Phone #