

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 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**



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000602899  
01/26/07-80107-024 61 25

**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

**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 files empowered.

**SIGNATURE:**

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

Date

Daytime Phone #

1/2/07 8131 996-6349