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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 763212 (8)  
1. Corporation Name

VOLUNTEER SERVICES FOR ANIMALS, INC.



Principal Place of Business

Mailing Address

7077 AIRPORT ROAD  
NAPLES FL 339427077 AIRPORT ROAD  
NAPLES FL 34109-1709

3. Date Incorporated or Qualified

05/11/1982

3a. Date of Last Report

10/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOJEWSKI, EUGENE A., P.A.  
4909 CATALINA DRIVE  
M-46  
NAPLES FL 34112

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MARD, LOUISE

STREET ADDRESS 508 CARICA ROAD

CITY-ST-ZIP NAPLES FL

TITLE VD ☒ DELETE

NAME THOMAS, LYNN

STREET ADDRESS 9836 LUNA CIRCLE

CITY-ST-ZIP NAPLES FL

TITLE SD ☐ DELETE

NAME MATTISON, KARLEEN

STREET ADDRESS 376 EDMERE WAY NORTH

CITY-ST-ZIP NAPLES, FL 00000

TITLE TD ☐ DELETE

NAME ASHER, SHAREN

STREET ADDRESS 625 YUCCA ROAD

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME JAMES JOHNSON

2.3 STREET ADDRESS 92 10TH AVE 50

2.4 CITY-ST-ZIP NAPLES, FL 34102

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SD BARBARA LEE

3.3 STREET ADDRESS 6 ST. TROPEZ DR.

3.4 CITY-ST-ZIP NAPLES, FL 34112

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharen Asher / SHAREN ASHER

2/10/97

941-262-4464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059778

CP2E037 (9/96)