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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763212** (8)

1. Corporation Name
VOLUNTEER SERVICES FOR ANIMALS, INC.



Principal Place of Business 7077 AIRPORT ROAD NAPLES FL 33942	Mailing Address 7077 AIRPORT ROAD NAPLES FL 33942
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3. Date incorporated or Qualified 05/11/1982
4. FEI Number 59-2197365
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 7077 AIRPORT ROAD	2a. Mailing Address 26 7077 AIRPORT ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES, FL.	City & State 28 NAPLES, FL.
Zip 24 34102	Country 25 COLLIER
Zip 29 34102	Country 30 COLLIER

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LOJEWSKI, EUGENE A., P.A. 4909 CATALINA DRIVE M-46 NAPLES FL 34112	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MARD, LOUISE 508 CARICA ROAD NAPLES FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	JANICE RUDOLPH 225 HOORINGLINE DRIVE NAPLES, FL. 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	JAMES JOHNSON 92 10TH AVE SO NAPLES FL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	BARBARA LEE 6TH ST TROPEZ DR NAPLES FL <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	ASHER, SHAREN 625 YUCCA ROAD NAPLES FL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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** 2/13/98 941-262-4464

CP2E037 (1097)