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Secretary of State

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NONPROFIT - CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763212

1. Corporation Name
VOLUNTEER SERVICES FOR ANIMALS, INC.

Principal Place of Business 7077 AIRPORT ROAD NAPLES FL 34101-8221 US	Mailing Address 7077 AIRPORT ROAD NAPLES FL 34101-8221 US
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 8221	3. Date Incorporated or Qualified 05/11/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2197365
City & State 23	City & State 28 NAPLES, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29 34101-8221	Country 30 USA

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	

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUDOLPH, JANICE	
STREET ADDRESS	225 MOORINGLINE DR	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES JOHNSON	
STREET ADDRESS	92 10TH AVE SO	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARBARA LEE	
STREET ADDRESS	6TH ST TROPEZ DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ASHER, SHAREN	
STREET ADDRESS	625 YUCCA ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MELANIE FIELDS	
1.3 STREET ADDRESS	1983 48TH STREET, SW	
1.4 CITY-ST-ZIP	NAPLES, FL 34116	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PLANA CHADWICK	
2.3 STREET ADDRESS	4719 KITTIWAKE CT	
2.4 CITY-ST-ZIP	NAPLES, FL 34119	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Sharen Asher **SHAREN ASHER** 1/20/99 941-262-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0063018 CR2/F037-11/991